AUGUST 7 1999

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

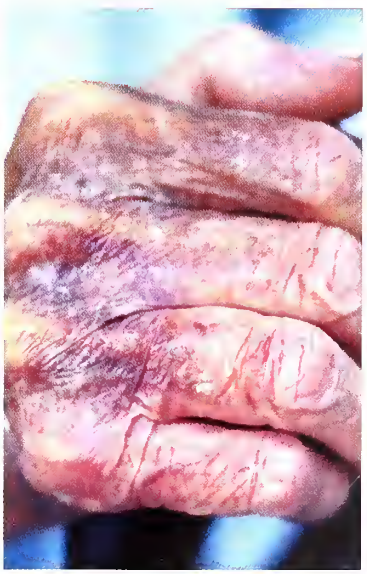
NPA berates DoH over White Paper

CPD advances for students and NHS

Scots agree generic endorsements

Get in on the act to make a healthy living

Boots/Superdrug to roll out civil recovery anti-theft scheme



Update: *exploring the mark of the wolf*

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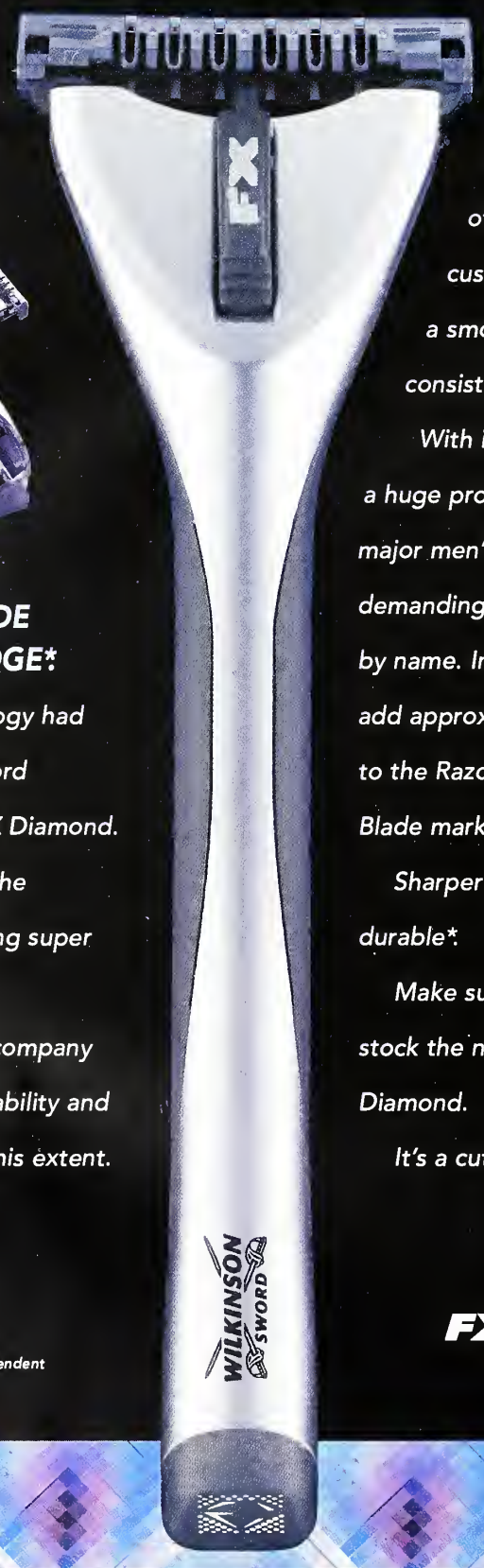
A SURE-FIRE BUSINESS TIP. INVEST IN DIAMONDS.



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The Wilkinson Sword FX Diamond's packaging offers protection when travelling and doubles-up as a handy bathroom stand

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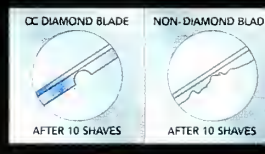

With its unique hologram packaging and a huge promotional campaign on TV and in the major men's titles, your customers will be demanding the Wilkinson Sword FX Diamond by name. In fact, we're expecting it to add approximately £15 million to the Razor and Blade market.

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**Amorphous Diamond Blade Coating as tested under independent laboratory conditions among permanent shaving systems.*

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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 252 No 6200 139th YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

COMMENT

What does it take for pharmacists to get noticed? After carefully going through the recent public health White Paper 'Saving lives: our healthier nation', to formulate its response, the National Pharmaceutical Association has felt it necessary to ask this question of the health secretary. In a letter to Frank Dobson (see p4), NPA director John D'Arcy has hinted, in possibly the strongest terms yet, that pharmacists are tired of hearing that they are well liked and respected. What they want now is an acknowledgement and a pledge to recognise their skills officially. Including the words 'pharmacist' or 'community pharmacy' more than once in the White Paper might have gone some way to persuade the profession that the Government is serious in its oft repeated statements that it has big plans for the profession. As it is, the Government has broken up for the holidays, but pharmacy still has no date for Frank Dobson's strategy. Originally expected last autumn, an MP who asked what was the planned date of publication was told only on July 27 that health minister John Denham "will write to the Hon Member". Theories exist that the strategy is actually going to be so fantastic in what it will allow pharmacists to do and that the doctors are worried and are lobbying accordingly. But with no real word from Whitehall, could it be that with all the events that have been happening elsewhere in Government this year, Mr Dobson is waiting for his own place in the sun? As one of the Government caretakers over the summer, he could use the lull in news to ensure that the pharmacy strategy gets maximum publicity. To the onlooker, the dog days of summer - also known as the silly season - might be quite appropriate timing.

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PPA

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RPSGB talks to MSPs

Graeme Millar

The chairman and secretary of the Scottish department of the Royal Pharmaceutical Society have had the first two in a series of meetings with members of the Scottish parliament.

Graeme Millar and Sheila Stevens, chairman and secretary respectively, have met Iain Gray, minister for community care, and Karen Gillon, MSP for Clydesdale. Discussions centred on the present and future role of pharmaceutical services within the NHS in Scotland.

Meetings have also been booked with Susan Deacon, the Scottish Executive's chairman and minister for health and community care, and other MSPs. The meetings will all be held at the Society's headquarters in Edinburgh.

Supervised methadone for Morecambe

Morecambe Bay pharmacists started a supervised methadone consumption scheme this week.

About half the 70 pharmacies are taking part and the scheme will be reviewed in six months, to see if there are any gaps to be filled in the service. The health authority is paying £0.50 per supervision until next April.

Local pharmaceutical committee chairman, Jeremy Aspden, hopes the scheme will continue after that date, with a higher fee from modernisation funding. "The chairs of the three primary care groups are highly enthusiastic about the scheme."

Lloyds has royal visitors

The Queen and the Duke of Edinburgh have paid a visit to a Lloydspharmacy in Merseyside.

The Liverpool store was the host when the royal visitors opened the £2.4 million Garston Urban Village Hall complex. Besides the Lloydspharmacy, the hall includes a GP surgery, a day nursery and family centre, recreational and sports facilities.

Funding for the complex was raised through public donation, the private sector, the Millennium Commission and the Single Regeneration Budget. The Duke had visited the site last year and was so impressed with the project, arrangements were made to officially open the completed complex.

During the visit, the Queen and the Duke were both introduced to pharmacist Eulet Brown and his staff.

The Duke of Edinburgh is pictured outside the Garston Lloydspharmacy with some of the staff

NPA issues nurse prescribing pack

A nurse prescribing resource pack for pharmacists is now available from the National Pharmaceutical Association to coincide with the extension of nurse prescribing across England and Wales.

The resource pack sets out who may prescribe, levels of training required by nurses, the drugs in the Nurse Prescribers' Formulary, as well as a section setting out opportunities for pharmacists. In addition, a nurse prescriber support pack is available, which is intended to support verbal advice or training given by pharmacists, as well as promoting the pharmacist's advisory role. The packs are suitable for helping pharmacists become involved in the training of nurse practitioners.

Copies of the 'Nurse prescribing pharmacist resource pack' cost £4.50, which includes a free copy of the 'Nurse prescriber support pack'. Additional copies of the support pack can be obtained at £4 for three. Members can order the packs from the sales office on 01727 858687 ext 469.

- HM Customs and Excise intends to extend zero rating to medicines and goods prescribed by nurses. In the meantime, the informal concession that existed during the nurse prescribing trials, which enabled pharmacists to zero rate drugs dispensed on nurse prescriptions, will continue.

NPA censures DoH over White Paper omission

The National Pharmaceutical Association has written to the health secretary to express its "great disappointment" over the recent public health White Paper.

Once again, the Government has failed to recognise the important contribution made by community pharmacists to the nation's health, says the NPA. Pharmacy is being "continuously ignored or sidelined" and it is becoming increasingly difficult to maintain pharmacists' motivation and enthusiasm. Despite making detailed submissions to the Department of Health on both the public health Green Paper and the tobacco White Paper, there was virtually no reference to community pharmacists in the new White Paper, 'Saving lives: our healthier nation'.

"It is disturbing that the Government appears not to have recognised the great potential of the community pharmacy sector in assisting it to achieve its ambitious targets in the White Paper," says NPA director John D'Arcy in his letter to Frank Dobson. "It is particularly puzzling when the important role of community pharmacy in this area is now well recognised by the WHO Region and by the European Commission, which has invested large sums of money in a project to develop the pharmacist's role in health promotion."

Reminding Mr Dobson of the ease of accessibility to community pharmacy services, Mr D'Arcy points out that community pharmacists have more contact with the public than all the other professions put together. "You have, on many occasions, made reference to the importance of community pharmacy in primary care and have repeatedly made clear your intention to make better use of community pharmacists' skills and expertise," he writes. The pharmacy strategy, in particular, "is indicative of your willingness to make best use of, and to better integrate, pharmacy into the primary healthcare team".

"Against this background, we simply cannot understand why pharmacy is being continuously ignored or sidelined in Government White Papers. As you will appreciate, it is becoming increasingly difficult to maintain our members' motivation and enthusiasm, when they do not see the positive comments made by you reflected in Government papers."

As such, Mr D'Arcy urges Mr Dobson to consider the NPA's response on the White Paper and that pharmacists are integrated within the multi-professional initiatives as the paper is implemented. "This will signal the Government's acknowledgement of the contribution community pharmacy can make to improving public health."

The NPA's formal response is outlined on p8.

Pharmacy numbers remain steady

The number of pharmacies in contract with health authorities in England and Wales remains steady.

On March 31, 10,497 pharmacies were in contract, similar to the number six and 12 months earlier. Over the past six months, the number changed by no more than three in any health authority. In all, 28 pharmacies opened up and 36 closed down; 67 per cent of those closing were within 500m of another pharmacy, while 89 per cent of those opening were at least 500m from the nearest pharmacy and 64 per cent at least 1km away.

Just over half (53 per cent) received payment for additional agreed hours of service, 36 per cent for providing advice to homes and 57 per cent for supplying oxygen services. The numbers receiving payment for extended weekday opening fell from 2,508 in March 1997 to 2,185, while those paid for Sunday/bank holiday opening was 4,762 last March - a decline since the 4,879 recorded in September 1997.

The number of pharmacies receiving payment under the Essential Small Pharmacies Scheme has remained fairly constant over the past two years; on March 31 there were 283, of which 260 were independents.

Scheme to encourage early commitment to CPD

The College of Pharmacy Practice and the British Pharmaceutical Students' Association have agreed on a scheme to encourage an early commitment to continuing professional development among pharmacy students.

The programme will:

- encourage undergraduates to partake in extracurricular professional development in an accessible and enjoyable way
- raise the profile of BPSA and its role in facilitating professional development
- encourage interest in the college and CPD in general at an early stage in a pharmacist's career
- ensure the high standard of educational material presented at BPSA conferences
- give employers an additional marker for potential enthusiasm and professionalism when assessing possible preregistration trainees.

The BPSA initially suggested an undergraduate section of the college, but such formal links could have become bogged down in the articles of association, so a simpler scheme is being set up.

The college will accredit a range of activities, proposed by the BPSA, which will present completion certificates with professional development points to members who qualify. The college will then issue a professional development certificate to BPSA members who have accumulated enough points during the year.

Michael Lucas, CPP's chief executive, said: "The college is delighted to establish this link with the pharmacists of tomorrow. It is never too early to begin planning one's professional development, and we are pleased to help instil in undergraduates a firm commitment to CPD at such an early stage in their careers."

BPSA president Jonathan Burton was similarly enthusiastic: "We feel sure that this scheme will stimulate many students to dip their toes into the pool of CPD during their undergraduate years. The college is well known and respected for its work in encouraging CPD and we look forward to working with them over the coming years."

Course on pet medicines

There is still time to apply for two modules of the Royal Pharmaceutical Society's agricultural and veterinary pharmacy course this autumn.

Module 1 on companion animals runs from September 19-21, while module 2, from September 22-24, is the foundation module for the Society's diploma. Both take place at Harper Adams University College, Newport, Shropshire, at a cost of £295 including accommodation and meals. Applicants should contact Liz Griffiths at the Society.

The modules are freestanding but run consecutively to allow continuity for pharmacists attending both. Those who attend three of the four modules available, complete a project and some practical experience, and pass the written and oral examinations, will be awarded the Society's diploma which entitles them to use the designation DAgVetPharm.

CPD requirement in new NHS

Criteria for establishing a culture of continuing professional development in the NHS have been set out by the NHS Executive.

Setting a deadline of April 2000, NHSE wants training and development plans in place for the "majority" of health professional staff. Before then, all health organisations are being asked to start implementing the vision for CPD set out in the document 'Continuing professional development: quality in the new NHS'. Organisations should start to develop locally managed systems of CPD with an emphasis on creating more opportunities for multidisciplinary and team based learning, as well as goals that support clinical governance.

The document, giving guidance on establishing local CPD systems, has been drawn up following consultation on 'A first class service: quality in the new NHS', which proposed a framework for quality improvement and fair access to the NHS. "CPD is an important element in the delivery of a range of Government objectives for the NHS," says NHSE. "CPD must focus on the needs of patients and deliver the health outcomes and priorities of the NHS, as set out in National Service Frameworks and local health improvement programmes."

NPA announces millennium roadshow

The National Pharmaceutical Association is to stage a high profile 'around the regions' Ask Your Pharmacist Roadshow in 2000.

The event, aimed at both NPA members and consumers, aims to increase the Association's contact with its membership, while adding an extra dimension to the Ask Your Pharmacist campaign. Up until now, this has used advertising, leaflets and posters to promote its key messages.

A customised 'shell' trailer, with a special community pharmacy livery, will visit several towns and cities throughout the UK over a six week period in May and June.

Attractions for consumers will include an audio visual pharmacy display and live theatre on a pharmacy theme provided by a group of professional actors.

An evening event will be held at each venue for NPA members and they will be invited to take part in discussion groups and workshops with NPA Board members and staff.

Over 2,000 deaths by poisoning

There were 2,301 cases of death by poisoning with drugs, medicaments and biological substances in England and Wales in 1997, or 89 per million population, according to the Office for National Statistics.

Most occurred in men aged 25-34, while there were only two cases in children under 4. Analgesics, antipyretics and antirheumatics were most commonly to blame, followed by psychotropic agents, then opiates and related narcotics. There were 821 accidental poisonings by drugs, medicaments and biologicals, while the number of suicides by "solid or liquid substances" totalled 788; in 697 cases of poisoning by solid or liquid substances it was not known whether poisoning was accidental or deliberate.

There were more accidental poisonings from analgesics (487) than suicides (307) while the reasons for poisonings by these substances were unknown in 306 cases.

Overall, there were 16,311 deaths from injury and poisoning in 1997, or 312 per head of population, according to 'Mortality statistics: injury and poisoning 1997' (Stationery Office, £35).

IN BRIEF

Special containers on NPA web

The list of special containers from the *Drug Tariff* is available on the National Pharmaceutical Association's web site, following the success of listing changes to category D of the *Drug Tariff*. The containers list is compiled with the help of PSNC and the PPA. Access is restricted to members, who can obtain a password via the web site at *www.npa.co.uk*. The number of passwords issued by the NPA doubled last month.

Boots pre-reg exam

Boots the Chemists claims that its pre-registration students do better than average in the registration exam. The pass rate for its 423 students in Britain was seven points higher than the average for other candidates this year. Over 92 per cent of the total 1,276 entrants passed the exam.

CPAG notes Bridgeman defeat

Community Pharmacy Action Group chairman David Sharpe has welcomed director general of Fair Trading John Bridgeman's court loss last week. Following the judge's decision to reject the case brought by the director general of Fair Trading, over exclusive rights to televise football, Mr Sharpe said this week: "This is possibly the first but clearly not the last of the cases he is going to lose before the Restrictive Practices Court." Mr Sharpe sees the judge's decision as good news for resale price maintenance.

PHS and CPPE

The Pharmacy Healthcare Scheme is working with the Centre for Pharmacy Postgraduate Education to develop a distance learning pack on health promotion. It is expected to be ready in December.

5HTP used as Ecstasy 'antidote'

The herbal remedy for depression, and a precursor of seratonin, 5HTP is being used as an 'antidote' to Ecstasy, according to an article in *The Independent*. The article also claims that if mixed with Prozac or alcohol, it can cause excessive sweating, muscle cramps, and even death.

GPs' job satisfaction rating up

GPs' job satisfaction has increased since the low point reached in 1990, but has not returned to pre-1990 levels. The survey of over 1,800 GP principals, by the National Primary Care Research and Development Centre, also revealed that, while most intend to remain in practice, a fifth plan to reduce their working hours over the next five years.

Scottish generic endorsements agreed

The Scottish Pharmaceutical General Council has reached an agreement about prescription endorsements for generic drugs with the Scottish Office's Department of Health.

Changes have been made in view of the increasing difficulty in obtaining generics in the pack sizes or at the prices in the *Drug Tariff*. SPGC has sent a letter to contractors in Scotland notifying them of the changes, which came into effect on August 1.

All prescriptions dispensed on or after this date are subject to the following provisions:

- if the contractor has supplied a generic sourced at the *Drug Tariff* price, there is no need to endorse the prescription and reimbursement will be at the *Tariff* price
- if a generic cannot be obtained at the pack size and price listed in the *Tariff*, the contractor may endorse the prescription with the manufacturer/supplier and pack size. Manufacturers/suppliers for which these endorsements are acceptable are: Norton, APS, Cox, AAH trade list and UniChem. Endorsements for other manufacturers/suppliers will not be honoured and pricing will revert to the default *Tariff* price.

The Department will issue an official circular in the next few days, and will review arrangements in October.

Where there is a widespread shortage of a generic product, contractors will still be able to supply and endorse a proprietary brand.

Category D item changes for August

The Pharmaceutical Services Negotiating Committee has issued the following list of Category D items for August not shown in the *Drug Tariff*:

Amoxycillin sachets 3g, 2s; amoxycillin sachets 3g, 14s; dapsone tablets 50mg, 100s; dapsone tablets 100mg, 100s; isoniazid tablets 50mg, 250s; magnesium trisilicate co tablets 50s; magnesium trisilicate co tablets 500s; quinine sulphate tablets 200mg, 100s; sodium cromoglycate eye drops 13.5ml, 1; verapamil tablets 40mg, 100s; verapamil tablets 80mg, 100s; verapamil tablets 160mg, 100s.

PSNC points out the following:

- tetrabenazine tablets 25mg, 112 pack will be reimbursed at £100 from July scripts, but will not show in the *Tariff* until September
- verapamil tablets 120mg, 28 packs will be included for August pricing but will not show in the *Drug Tariff* until September - Category A price £4.12
- naproxen tablets 500mg, 28 pack will be included for August pricing but will not show in the Drug Tariff until September - Category A price £3.32
- magnesium trisilicate co tablets 50 pack and 500 pack will be coming out of the *Drug Tariff* in September 1999.

Sponsorship and standards guidance welcomed

The National Pharmaceutical Association has welcomed NHS guidance outlining the ethical standards to be observed when considering commercial sponsorship arrangements.

A Health Service Circular says the guidelines are designed to ensure that any sponsorship agreement entered into is defensible, provides good value for money and has taken account of the best interests of patients.

The NPA Board agreed on a response to the HSC at its meeting last week. It supports the broad thrust of the document, but wants some clarification in areas such as whether community pharmacists are included as 'independent contractors' as specified in the guidance, and what the rules are relating to starter packs and the provision of gifts for promoting medicinal products. The guidance included a draft Code of Conduct for the NHS.

The Association welcomed the proposal that health professionals should declare any financial interests in organisations, and also supported the recommendation that staff should avoid sponsorship deals or appointments that would require them to recommend products or services to patients.

Medication management The NPA has highlighted the importance of medication management, in its response to a consultation document on social services performance issued by the Social Care Group at the Department of Health. The NPA also supports the introduction of performance indicators in medication management, and has offered to help the DoH if such measures are introduced.

NHS Direct There have been a number of positive outcomes from a recent meeting of the NHS Direct Pharmacy Network. In an attempt to ensure greater pharmacy input in NHS Direct pilot sites, the NHSE had sent guidance to all pilots encouraging them to include pharmacy. For those pilots which had not acted on the guidance, NHSE has agreed to contact the sites and remind them of the need to review their links with pharmacy. An NHSE representative said that referral to a pharmacy would be included as the fourth disposition in the national guidelines on NHS Direct, if the Essex pharmacy pilot scheme proved a success, and that the national performance framework for NHS Direct would mention pharmacy as a partner. The Pharmacy Network has also issued guidance on pharmacy input into NHS Direct to all third wave pilots.

PPRS arrangements The Board is concerned that the price reduction of 4.5 per cent on branded prescription medicines, effective from October 1, might result in contractors and wholesalers 'destocking', because any stock bought at the current higher price, which was left over after October 1, would only be reimbursed at the lower price. The timing of the new arrangements - in the run up to the millennium - is particularly problematic. Destocking now could result in contractors 'panic buying' in the weeks leading up to the end of the year, a practice the NPA had been advising the membership against. It will support PSNC in its lobbying activity on reimbursement for loss of stock.

Drug Tariff transparency The NPA is to contact the DoH over the apparent lack of transparency in the Drug Tariff, following advice from the PPA chief executive Nick Scholte.

PGEU Secretary to the UK delegation of the Pharmaceutical Group of the European Union, Colette McCreedy, reported that the delegation was continuing to lobby the UK Government regarding the EC's draft directive on electronic commerce and electronic commerce in the pharmaceutical sector. PGEU is concerned about internet sale of medicines and that there might be an end to the ban on the advertising of prescription medicines direct to the public. In September, the delegation will meet representatives of the DTI, MCA and the NHSE/DoH.

State of the Association NPA Director, John D'Arcy, presented his annual address to the Board outlining the NPA's main areas of activity. Issues included the development of NHS Direct, NRT deregulation, patient packs and Scottish devolution.

N IRELAND NOTEBOOK

Fraud award takes the biscuit

uly 1 was certainly D-day in Northern reland. Decision day came and went at tormont and, while politicians contin-ued their negotiations, 'Detecting Fraud Day' got underway in pharmacies.

Many of my patients are exempt but find it difficult identifying which cate-gory they should claim. I get £0.03 per prescription for this important role, so will do my best - not that the pay-ment is worth the effort, but by accepting it I am responsible.

Also on July 1 my mail contained notification of a new anti-fraud scheme. This continues the DHSS' obsession with NHS fraud. The Details of the Pharmacy Award Scheme take a bit of study. Essentially there will be two awards. I cannot see me ever ben-efiting from the 'Bonus Award', and I doubt if any pharmacist will, so what about the 'Basic Award' as a source of additional income? If I spot a forged script and I report it without dispens-ing, then I can apply to the CSA for financial reward. Great!

"Most fraudulent prescriptions are for drugs of abuse that are low cost"

I remember reading about this last year when it was listed as an initiative designed to reduce NHS fraud. I was struck by the simplicity of the idea and felt it might work. But, as they say, "the devil is in the detail". Once those grey civil servants get their teeth into any innovative, creative idea, they apply heaps of bureaucracy, design a tortu-ous procedure and it doesn't work.

It's happened again. Most fraudulent prescriptions I receive are for drugs of abuse and they are usually low cost. For a script of, say, 100 diazepam 5mg and 60 dihydrocodeine, 10 per cent of cost is not a financial reward or incentive - not when taking into account some of the characters who present them!

I am reminded of a scheme that Belmont Photographic introduced some years ago. It gave a tin of biscuits or a box of chocolates to a pharmacy that found missing photographs. My staff did quite well from this scheme. It certainly motivated them to keep a watch for stray photographs. Given a choice between 10 per cent of the cost of the forged medicines or a tin of bis-cuits, I know which one I would take!

Written by a practising Northern Ireland community pharmacist

Xrayser

Topical Reflections

Give me something in the New NHS to respond to!

I have just opened my distance learning package from the Centre for Pharmacy Postgraduate Education entitled 'Community Pharmacy in the New NHS' and in an accompanying letter, Bryan Hartley, chief pharmaceutical officer, urges me to use the pack and identify pharmaceutical opportunities for involvement in PCG development.

The introduction to the study also highlights the astonishing rate of change in the organisation and in the delivery of primary care services and asks the 'reasonable' question: "Why aren't community pharmacists responding?" This might be 'reasonable' to those in the know, but to me, as a simple, independent community pharmacist, the immediate answer is that I have nothing to respond to!

I have been sidelined by the statutory structure of my PCG and have received no invitation from it to become involved in developing ideas for the future delivery of primary care services. Any pharmaceutical input would have to be by my own initiative and without any requirement on the PCG's part to respond. This is the type of cap-in-hand approach I am not prepared to employ and the fault lies firmly with the Government. PCGs have been set up as a cosy partnership between GPs and nurses without a structured role for any of the other contractor health professions, and the Government wonders why I do not respond!

Community pharmacists are confused and isolated. They have received no direction, only exhortations to capitalise on the opportunities. I would be delighted to take forward the ideas suggested by the CPPE, but I fear they will fall on deaf ears unless it is a requirement of the PCG constitution that community pharmacy is involved at every stage of PCG development.

Even now it is not too late for the Government to accept its error and require community pharmacy involvement, but I doubt whether its own vanity or the strength of the medical lobby will ever allow this vital omission to be corrected.

Expenses highlight the frailty of trust in Council

Having always been required by both my LPC and health authority to produce receipts for all expenses incurred (and quite rightly so!), I was stunned to read Andrew Burr's letter in *C&D* last week, criticising the way such matters are handled in Lambeth.

I am sure that all members of Council are totally honest in their claims, but openness is paramount and the standards set by public bodies should be the minimum demanded by our own professional society. At the very least, receipts should be required, but one of the simplest ways of providing an accountable expense facility is a credit card.
Even in my small company I find the company credit card to be the simplest way of justifying legitimate expenses, and so much easier for me, as expense and claim are executed in one simple transaction.

Andrew Burr is right to publicly raise this issue, but it is sad that he has felt it necessary to do so. Following in the wake of the tainted furore over the election of this year's president, more secretive revelations only serve to underline the frailty of trust that now exists between members and their peers on Council.

DoH leaflets put eclipse in the shade

The solar eclipse on 11th August has certainly aroused a lot of interest, and I have often been asked for eclipse glasses. A few months ago I was offered these glasses, but decided not to stock them as I was unsure about how safe they were.

My caution has now been confirmed by official advice that the only safe way to observe the eclipse is via an indirect pinhole viewer. This is the advice from an excellent leaflet prepared with support from the Department of Health, a copy of which has been distributed to all community pharmacies by the Pharmacy Healthcare scheme.

On seeing the leaflet, I was keen to distribute it to my customers, but then came the crunch. The cost is £5 per 100. Not a lot, but why should individual pharmacists pay anything for actively distributing this leaflet?

As it is, the opportunity for educating the public to safely view this rare event will have been substantially lost by the parsimony of the DoH in not paying for its free distribution.

NPA replaces branch network

The National Pharmaceutical Association's branch network has been discontinued to be replaced with new technologies.

Following a survey carried out earlier this year, the NPA says its membership has indicated it would prefer greater direct two-way communication between the NPA headquarters. As such, it says more use should be made of new technology, especially e-mail and the NPA web site. In addition, there will be more communication with NPA board members, and an insert, 'Area News', giving details of regional activities, will appear in the NPA's *Supplement*.

Only a few branches have continued to hold meetings. As the role of branch secretary is also discontinued, the NPA hopes these people will continue to play an active part in the NPA by acting as media spokesmen to give 'on the ground' views. Board members will also act as spokesmen.

If members want to contact a board member by e-mail, they should send their communication to *board@npa.co.uk*, stating to which member it should be forwarded.

Better computer links for GPs

GPs are to have desktop computers with links to local hospitals, their own e-mail and access to on-line health information, under a new scheme negotiated with the Department of Health.

Originally the GPNet programme would, in some cases, have provided only a single stand-alone computer in the corner of the surgery. This would have meant many GP practices having only one connection to the system.

The desktop computers will allow doctors to access information through their own computers at their own desks. Because this plan is more ambitious, it will take longer to implement and it will not be possible to provide the service to all computerised GP practices by the end of the year, as initially planned. About 8,500 GPs will be the first to receive the new system and the aim is still to supply all practices by the end of 2002.

Alastair Liddell, director of NHS planning, said: "Obviously, if you introduce a more comprehensive system, it takes longer to implement than a simpler but less useful one, but is a far better use of taxpayers' money."

A Department of Health spokesman said this week it was still too early to give dates for the proposed electronic links with pharmacies.

'Saving lives': NPA's 'strong' case for community pharmacy

The National Pharmaceutical Association has put forward a 'robust' case for pharmacist involvement in the four areas targeted by the White Paper 'Saving lives: Our healthier nation'.

Given a share of the available resources, community pharmacists could help considerably towards achieving the targets for cancer, coronary heart disease and stroke, accidents and mental health, says the NPA in its submission to the Government.

Medication management can play a huge role in treating these diseases and in preventing accidents by reducing falls in the elderly, says the NPA, which welcomes the Government's investment in pilot studies to develop this role. "But it is also important to develop the pharmacist's potential in ill health prevention – advising on excessive exposure to the sun, and to maximise the pharmacist's potential in providing smoking cessation services."

The NPA agrees with the White Paper's comment that there is good scientific evidence for nicotine replacement therapy combined with behavioural support, but points out that this was ignored when nicotine gum was reclassified as GSL.

The White Paper says that suicides could be reduced by controlling the pack sizes of OTC paracetamol, to which the NPA comments that pack size limitation alone is ineffective because there is no control outside pharmacies on the way medicines are sold. "Unlike pharmacists, who are bound by a code of ethics, which obliges them to sell medicines responsibly and have regard to public safety, supermarkets, grocers and garage forecourts appear to be at liberty to sell as many packs as they wish."

People suffering from mental illness and judged to be suicide risks would also benefit from regular repeat dispensing of small quantities of medicines, the NPA says.

The submission urges the Government to ensure that a pharmacist is on the task forces being set up to implement the four target strategies, and that the initiatives should have additional funding separate from existing services.

Referring to the Government's concern about health inequalities, the NPA points out that ethnic minorities and people in deprived areas have ready access to pharmacies and that those who are socially excluded may be more regular visitors for prescriptions than people in higher income groups. Pharmacists, who serve specific populations, may know which factors – personal, social or economic – are causing ill health, so it is vital that they are included in the strategic planning of healthcare at local level.

The NPA also makes a plea for community pharmacies to be included in the initiative to "foster and underpin the provision of local shops and services to meet everyday needs". Pharmacies are "an essential element in maintaining other shopping facilities in deprived areas".

In a section on NHS Direct, the NPA says it is important that this new service complements, rather than duplicates or conflicts with, existing primary care services, "so that people perceive NHS Direct and pharmacy services as part of the same effort to help people gain access to NHS services".

The NHS Direct healthcare guide should be available through pharmacies on request or when the pharmacist thinks it would be helpful.

The NPA also expresses disappointment that the potential role of community pharmacists in public health has not been given a higher profile (see p4).

New health post created in cabinet reshuffle

Tony Blair has entrusted ministerial responsibility for the millennium to Gisela Stuart in a new ministerial position at the Department of Health. Lord Hunt of King's Heath has also joined the ministry.

Lord Hunt

Ms Stuart, who became an MP in 1997, was promoted from the backbenches to become under secretary of state for health in a newly-created post to handle the additional pressures on the NHS, including pharmacies, over the millennium holiday. Mr Blair has also responded to the criticism from GPs over NHS direct by giving her responsibility for dealing with the expansion of the new 'gateway' service. She will be responsible for Accident and Emergency Services, another of the areas of the NHS that Mr Blair is anxious to improve.

Ms Stuart has been called one of the Blair Babes in the red-top tabloids, but she is more likely to be seen as Frank Dobson's troubleshooter at the Department of Health, being pitched into three of the most difficult areas, with little previous experience.

Before being elected as the MP for Birmingham Edgbaston, Ms Stuart was a law lecturer and a pension expert.

New under secretary of state for health, Lord Hunt, has been a Government Whip since 1998. As Philip Hunt he was director of the National Association of Health Authorities and Trusts. Since being made a working peer, he has been a spokesman in the Lords on education and employment, and more recently on health. He replaces Baroness Hayman, who has moved to the Ministry of Agriculture, Fisheries and Food as a minister of state.

Lloydspharmacy is strengthening its commitment to continuing professional development by offering 100 of its pharmacists the opportunity to become associate members of the College of Pharmacy Practice. Pictured left is CPP chief executive Michael Lucas presenting Lloydspharmacy group training manager Steve Howard with a CPD portfolio

NEW LOOK, CONTINUOUS

Innovation is key to our future and that of independent pharmacy. Hence our exceptional track record of leading the market with the introduction of new technology and marketing schemes. Prosper, the first electronic ordering system, our Retail Finance support, the Moss Advisory Service, Tactician the first geodemographic marketing program for pharmacy and the introduction of our own intranet and internet facilities. Our commitment to keep independent pharmacy at the forefront of retailing is reinforced by our highly successful Community Pharmacy Initiative. Innovation is looking forward. It's a key part of UniChem's long term plan.

UniChem
Delivering Healthcare

INNOVATION

UniChem Ltd., UniChem House, Cox Lane, Chessington, Surrey KT9 1SN. Tel: 0181 391 2323.

Medical matters

Exercise answer to back pain

Physiotherapist-led exercise classes may be the answer to managing low back pain effectively and cheaply, says a new study in this week's *British Medical Journal*.

Many patients with low back pain are reluctant to return to normal physical activity for fear of causing more damage, even though current management guidelines dictate they should. The authors found that a community-based exercise programme could help people overcome these fears by helping them to cope better with the pain.

In the randomised controlled study, 187 patients (aged 18-60 years), who had suffered low back pain for between four weeks and six months, were assigned to either exercise or usual primary care management.

The exercise programme was led by a physiotherapist and took a cognitive-behavioural approach. A one hour session twice a week included strengthening and stretching exercises, relaxation sessions and back care education. A disability questionnaire was used to assess effectiveness.

At six weeks the intervention group improved marginally more than the control group, reporting less distressing pain, but at six months and one year, these improvements became significantly higher. The exercise group also reported fewer days off work at one year, 378 days compared to 607, and used fewer health resources.

The authors conclude that although the exercise approach did not affect the intensity of pain, patients learnt to cope better, and they called for wider availability of exercise programmes.

Cot death shows further fall

Cot death in England and Wales dropped by more than a quarter between 1997 and 1998, according to the latest report from the Office for National Statistics.

The number of sudden infant deaths was 284 in 1998 compared with 393 in the previous year, which equates to a rate of 45 in 100,000 live births.

Deaths most frequently occurred in winter. Between 1994 and 1998 there were 36 per cent more SIDS in the January to March period than in the July to September period. SIDS was highest for children of mothers aged under 20 and more common in boys.

Alarm bells for young music lovers

Young people are unaware of the dangers of listening to loud music, even though noise levels they experience can exceed those of a pneumatic drill.

The 'Safer Sound' report from the Royal National Institute for Deaf People found that 81 per cent of young people are unconcerned about their hearing, even though nearly half of them experience hearing problems after being exposed to loud music.

Clubs and pop/rock concerts, referred to as social noise, pose the greatest risks to hearing, with decibels ranging from 95 to 120 decibels (pneumatic drills generate 110 decibels). Some 62 per cent of those surveyed said they experienced hearing problems after going to a club and 72 per cent were affected after a concert.

The main symptom of these activities is tinnitus (ringing in the ears), the risk being three times higher than in those not exposed to high social noise. Although this symptom can last only a few hours, it is a warning that damage has occurred. Further exposure will lead to a cumulative effect, which can result in irreversible hearing impairment and loss.

The RNID has now launched a campaign to warn young people about the dangers of prolonged exposure to loud music. With the support of DJs like Boy George, Judge Jules and Tim Westwood, the RNID will be encouraging music lovers to take precautions. These include:

- regular breaks from the dance floor
- wearing earplugs
- standing away from loud speakers
- reducing the volume of personal stereos
- watching out for signs of hearing exhaustion such as tinnitus or dullness of hearing.

The RNID hopes to experience similar benefits to those of Norway where a seven-year public information campaign saw hearing loss levels among 18-year-olds drop by more than half to 15 per cent.

James Strachan, chief executive of RNID, said the evidence was clear that loud music damages hearing. "We are roller-coastering towards an epidemic of hearing loss in middle rather than old age. Being aware of the danger is the first step towards keeping your hearing."

ADR monitoring opportunity for community pharmacists

The increasing workload of GPs could open the way for community pharmacists to get more involved in prescription event monitoring (PEM).

Dr Ronald Mann, former director of the Drug Safety Research Unit (DSRU), which is responsible for PEM, said GPs were increasingly finding it hard to find the time to complete PEM report forms because of mounting paperwork. PEM is a form of post-marketing surveillance, which involves GPs reporting adverse events on green forms supplied by the DSRU.

Community pharmacists could play a bigger role in post-marketing surveillance because patients often report problems to them.

Over the counter drugs needed particular attention as they were currently evading the monitoring system, added Dr Mann, who was speaking at a meeting organised by Merck Sharp & Dohme, about post-marketing surveillance.

Currently, around 60 per cent of green cards are returned, but pressure on GPs could mean fewer cards sent back and more risk of biased results. The completion and return of green forms is voluntary and no payments are made to GPs for participation in the scheme.

PEM provides a useful tool in monitoring adverse reactions and the continuation of treatment. The DSRU at Southampton decides on the newly licensed drug to be monitored and then identifies the GPs who are prescribing the drug through the Prescription Pricing Authority. The GPs are then sent green forms asking them for prescribing details and any adverse reactions.

IN BRIEF

Imigran sizes up

Imigran (sumatriptan) Tablets 100mg will now be available in larger packs of 12 (basic NHS price £96) and Imigran Nasal Spray in packs of six (£48). The larger sizes have been introduced because the current packs are not sufficiently large for frequent sufferers.

Glaxo Wellcome UK Ltd.
Tel: 0181 990 9000.

Addiction MCQ error

The MCQ for Addiction I (module 1130), inserted in the July 10 of *C&D*, carried an error on Question G. All statements that follow the question are, in fact, correct. To rectify this, all scores for module 1130 will automatically be credited with one point regardless of which answer is entered for Question G.

Flixotide reduction clarification

Allen & Hanburys has received a number of inquiries from pharmacists regarding the reduction in price of Flixotide 50mcg MDI last month. The company would like to confirm that all Flixotide 50mcg MDI dispensed up to August 1 will be reimbursed at the full price of £11.43. Thereafter, reimbursement will be for the new price of £5.85.

Allen & Hanburys Ltd.
Tel: 0181 990 9888.

Polytar gets bigger

A new 500ml (basic NHS price £6.50) bottle of Polytar Emollient will be replacing the existing 350ml packs from August. The smaller size will be gradually phased out over the next three to four months.

Stiefel Laboratories (UK) Ltd.
Tel: 01628 524966.

Saluric discontinued

Merck Sharp & Dohme is discontinuing Saluric tablets (chlorathiazide 500mg). New production of this medicine has ceased and no further stock is available.

Merck Sharp & Dohme Ltd.
Tel: 01992 467272.

Dermacort supply

Sankyo Pharma is moving the manufacture of its brand Dermacort (hydrocortisone cream) from Cox Pharmaceuticals to Pharmasal.

Sankyo Pharma UK Ltd.
Tel: 01494 766866.

Who can offer a unique formulation that's No.1 for sweat rash?

Hydrocortisone

Canesten can.

Canesten Hydrocortisone has a unique OTC formulation to effectively treat sweat rash. Whilst hydrocortisone quickly and safely soothes the inflamed, itchy skin, clotrimazole treats the underlying fungal and bacterial infection. So it's not surprising that the No.1 recommendation for sweat rash is Canesten Hydrocortisone.*

Canesten® Hydrocortisone
Clotrimazole 1% & Hydrocortisone 1%

Abridged Product Information for Canesten Hydrocortisone. Presentation: Canesten Hydrocortisone cream containing 1% clotrimazole and 1% hydrocortisone. **Uses:** Athlete's foot and candidal intertrigo where co-existing symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly to affected area twice daily and rub in gently **Contra-indications:** Use on face, eyes, mouth or mucous membranes, broken or large areas of skin, cold sores or acne, for treatment periods longer than seven days; hypersensitivity to ingredients Do not use in the following unless prescribed by doctor: children under 10 years; pregnancy and lactation; on ano-genital area; to treat ringworm or secondarily infected skin conditions **Warnings:** Long-term continuous therapy to extensive areas of skin should be avoided Avoid covering treated area with tight dressing. **Side-effects:** Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions. **Legal Category:** P **Package Quantity and Cost Price:** 15g tube, £4.49. **Product Licence Number:** PL 0010/0216 **Further Information Available From:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA **Date of Preparation:** March 1999

*Taylor Nelson Pharmacy Omnibus, October 1998.

Counterpoints

New Syndol is easier to swallow

Syndol is being re-launched with an easy-to-swallow shape and new packaging.

The new caplet is thinner and film-coated, making it easier to swallow. The new metallic packs are designed to increase on-shelf impact and extend brand appeal.

Syndol, containing paracetamol and codeine phosphate, to tackle the pain of headache, and doxylamine succinate to relax muscular tension, is specifically formulated to break the tension headache cycle.

Previously available in packs of ten or 20 tablets (£1.99 or £3.25), it now comes in a new 30-tablet pack, retailing at £4.29.

SSL International.
Tel: 0161 654 3000.

Caring for customers with irritable bowel

New Care IBS Relief tablets is the first own-label product for independents for this condition.

The tablets, containing 135mg mebeverine, are indicated for symptomatic relief of irritable bowel syndrome and help to effectively relieve lower abdominal pain, bloating and excess wind.

Packaged in a distinctive purple livery, each pack contains 15 tablets. Although a P product, Care IBS Relief tablets are not price maintained, giving the pharmacist the flexibility to sell the product at the suggested retail price of £4.35, or to select a price suitable to local market conditions. The listed trade price for six packs is £13.08, but launch discount bonuses are available.

Thornton & Ross has also produced a new consumer leaflet 'Coping with Irritable Bowel Syndrome – a guide for you and your family', which is available free of charge to pharmacists. The guide aims to help customers understand more about irritable bowel syndrome and outlines ways of managing it.

Thornton & Ross.
Tel: 01484 842217.

Lactase enzymes for infants

Colief Infant drops is an unlicensed product containing lactase enzymes which break down the lactose found in milk and milk products.

The manufacturer suggests that undigested lactose in foods can cause temporary digestive discomfort, bloatedness and wind, which is thought to be a factor in some babies with colic. The drops break down the lactose into the simple sugars, glucose and galactose, which can make the feed more easily digestible.

Colief is added to the baby's bottle and then refrigerated for four hours to allow the drops to work.

The 7ml bottle contains approximately 160 drops, which is sufficient for 80 separate feeds, and retails at £9.95. Forum Foods says the drops can be safely used from birth.

Forum Foods.
Tel: 01737 773711.

Cuticura's caring solution to dry skin

New from Cuticura is the Moisture Plus range, formulated as a 'caring' solution to dry skin problems.

Cuticura Moisture plus products are formulated with Moisture Plus HRC Complex – a blend of moisturising agents, which has been shown to improve the skin's moisture content, softness and suppleness. Glycerin and allantoin are also included to help soothe and condition the skin.

The Dry Skin Facial Wash (150ml, £1.49) and the moisture rich Cleansing Bar (100g, £1.49) cleanse the skin without drying it. The enriched Dry Skin Lotion (100ml, £1.49) can be used to moisturise dry skin on the face, hands and body, while the Intensive Hand Cream (75ml, £1.49) is an easily absorbed cream that helps moisturise and soothe rough, chapped hands.

The range is available from national and regional pharmacy wholesalers.

Keyline Brands Ltd.
Tel: 0181 893 5333.

Contiform to go national

Contiform, the OTC product designed to stop urine leakage by women, will be launched nationally in September.

Worn inside the vagina, Contiform stops leakage by supporting the urethra and gently 'exercising' the pelvic floor muscle.

Available exclusively from pharmacies, Contiform had a limited release in London in the spring. To raise awareness of Contiform – and ensure all pharmacy staff are able to offer product guidance to customers – Bard is investing in educational and promotional support.

Accredited training is being provided for pharmacists, while staff will receive on-site education. A telephone helpline (01293 606741) has been set up to give guidance to health professionals and consumers.

Bard Ltd.
Tel: 01293 527888.

Two day trial with Nicotinell

The 2-Day Patch Starter Pack is a new initiative from Nicotinell.

Novartis say the 2-Day pack is ideal for the impulse buyer who may be hesitant to pay £16 for a week's supply of patches. It hopes that once the customer has tried the product and found it effective that they will progress onto the 12-week course.

Smokers unsure about their ability to quit could trial the product on a long-distance, no smoking flight or journey. The pack will be useful for lower income potential quitters who, until now, may have been deterred by the high initial cost of NRT.

The Starter kit is available in two strengths, TTS20 and TTS30, retailing at £4.50 and £4.99 respectively.

Novartis Consumer Health.
Tel: 01403 210211.

A BRIGHT FORECAST FOR E45 SUN!

Summer's finally here, and partly as a result of the good weather and the buoyant package holiday sector, the forecast for E45 Sun is looking bright!

Available exclusively in pharmacies and Boots the Chemists, E45 Sun protection is a complete range of unique suncare products developed for those with sun-sensitive skin or who have skin problems such as eczema. The range includes 3 SPFs, sunstick and aftersun. E45 Sun SPF 50, 25 and 15 are available on prescription (ACBS status) for certain more serious skin conditions such as vitiligo and polymorphic light eruption (PLE).

The E45 Sun range

E45 Sun SPF 50 Sun Block Lotion 150ml £10.39
E45 Sun SPF 25 High Protection Lotion 150ml £9.59
E45 Sun SPF 15 Medium Protection Lotion 150ml £8.99
E45 Aftersun 200ml £6.29
E45 Sunstick SPF 15 £3.39

Supported by Crookes Healthcare Ltd as part of the E45 range of dermatological skincare products, E45 Sun delivers informative packaging to help appropriate choice and good value for money, but also a healthy cash margin for pharmacists.

Research* shows that people are becoming increasingly aware of the dangers of unprotected sun exposure, and the benefits of sunscreen. There is a rising incidence of skin cancer in the UK, and a 50 per cent increase in the number of deaths from malignant melanoma in the last ten years. In fact, skin cancer is now the second most common cancer in the UK with over 40,000 cases a year.

Statistics like these have caused a shift in people's attitudes with a move towards wearing a higher sun protection factor of 15 and above, and preference for products which offer no-nonsense, effective protection from the sun. The E45 Sun protection range amply meets all these needs.

* Mintel 1998

So what makes E45 Sun different?

- Designed for the whole family to offer maximum protection with maximum UVA 4 star rating
- Recommended and prescribed by healthcare professionals
- E45 Sun products are dermatologically tested, waterproof, allergy screened, unperfumed and contain only non-irritant, mineral ingredients
- Many sunscreens are a mixture of potentially irritating ingredients, whereas E45 Sun is a mineral based sunscreen containing natural materials. These materials include zinc oxide and titanium dioxide, which both work to form a protective shield over the skin, reflecting away the suns rays
- E45 Sun is an efficacious product designed to suit consumers who are sun-sensitive and have skin problems such as eczema, or who have delicate skins such as infants and children. Available on prescription (ACBS status) for certain more serious skin conditions such as vitiligo and PLE
- E45 Sun is a product that is specifically targeted at certain groups of people who require superior protection
- Good value for money

E45 Sun

It's change, change, change for Physio Sport

Elida Fabergé is further developing its Physio Sports range of products with bigger pack sizes, improved packaging and new advertising.

Dry (APA) increases in size from 150ml to 200ml and Clean goes up from 200ml to 250ml, bringing Physio Sport into line with the market norms.

For extra clarity, several packs have had name changes. Clean will become Shower, Dry (Roll-on and APA) becomes Anti-perspirant, Deo becomes Deo Bodyspray and Grip will now be known as Hand Grip.

There will also be new diagrams to explain how the 'lockable action' caps work, helping to prevent problems faced in stores with broken caps.

This year the company is supporting the brand with a £7 million campaign, featuring top athletes endorsing the products. A burst of TV advertising, the second this year, begins on August 9 and runs for three weeks.

Elida Fabergé.
Tel: 0181 481 6000.

Anusol comes out into the open

Warner Lambert, maker of Anusol, is launching a £1 million campaign to help bring the problem of piles out into the open.

The subject of piles, one of the last health taboos, and its remedy Anusol will be featured on bus shelter and road side posters nationwide from August 9. The humorous adverts come in three executions each carrying a picture of one of life's 'pains in the bum' - roadworks, leaves on the line and rain clouds - followed by a picture of Anusol.

In addition to the poster adverts, Warner Lambert is also introducing radio interviews, 'The Bottom Line' patient leaflets and shelf edgers to encourage open display and self-selection. Adverts will also appear on the flip-seats in black taxis.

Pharmacists and pharmacy assistants are also being targeted and can take advantage of educational material, which includes 'The Great British Bottom Report'. GP/pharmacist seminars on piles and bowel health are planned to take place from October.

Warner Lambert aims to increase the haemorrhoid remedies market, which has remained static over the past three years. One in three people are thought to be affected by haemorrhoids at some point in their lives, yet only 30 per cent of sufferers use a topical anti-haemorrhoidal such as Anusol, "a huge potential market for pharmacy", says Warner Lambert. The term 'piles' was generally preferred by the consumer.

Warner Lambert Consumer Healthcare.
Tel: 01703 641400.

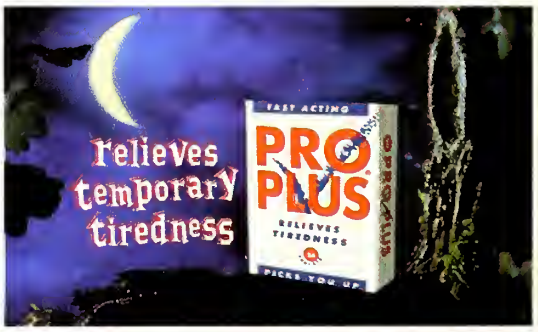
Stay up late to catch the first Pro Plus night owl ad

Pro Plus, the leading brand for relieving temporary tiredness, has launched its first ever TV advertising campaign, which aims to put life back into late night viewing.

Appearing on both Channel 4 and Channel 5 for a ten-week period starting on August 2, the campaign will dominate night-time and late night television.

The four quirky ten second advertisements feature an irreverent night owl who is finding it hard to keep his eyes open, offering a parallel for consumers who have to fight temporary tiredness while working or staying up late into the night.

Roche Consumer Health.
Tel: 01707 366000.



ON TV NEXT WEEK

Arrid XX: All areas except U, CTV

Carex: All areas plus C5

Clinomyn smokers toothpaste: STV, G, Y, C, A, HTV, M, LWT, CAR, C4, C5

Dettol moisturising handwash: A, M, CAR, C4

Diflucan One: B, Y, C, LWT, CAR, TT

Fujifilm Multi: C, A, HTV, M, CAR, C4, GMTV, Sat, C5

Jungle Formula Insect Repellent: GMTV

Just for Men hair colourants: All areas

Oxy: All areas except U, CTV, GMTV

Pearl Drops toothpolish: C4, C5

Poli-Grip: GTV, U, STV,G, Y, C, A, HTV, W, M, CAR, TT

Pro Plus: C4

Regaine: C4, Sat

Seabond denture fixatives: B, G, Y, TT, C4

Valerina Night Time: C, W

Vitalegs herbal gel: GMTV

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Lanes

MODERN HERBALS

Medicines to be taken seriously

It's what your customers have been waiting for. Modern Herbals - A completely new range of 14 medicines made from natural active ingredients that have been proven in practice to demonstrate modern standards of effective relief. Supported by a massive £½ million national campaign in two powerful bursts starting from September, it's the biggest ever launch of herbal medicines in pharmacy. Plus, attention grabbing P.O.S material provides high impact where you need it most. Modern Herbals – Profits to be taken seriously.

Stock up now. Call our Sales Office on (01452) 507458 or contact your local wholesaler
E-mail: sst@laneshealth.com Website: www.laneshealth.com

Lanes SCIENCE FROM NATURE

Go for your guns!

Meto is offering a free hand-held labelling gun, worth up to £128, and a £9.95 strip of replacement rollers to *Chemist & Druggist* readers who order two cartons of pricing and coding labels.

The Powerline tool is ergonomically designed and includes a patented Universal pressure device for maximum print clarity at any application speed or pressure. The unit is available in single- and two-line format, suitable for simultaneously printing item codes and prices, or alternatively both standard and special offer prices.

Meto also offers labels in a range of colours and sizes, as well as a pre-print service to produce shop logos.

To take advantage of the offer, fax Ms Nikki Stubbings on 01344 701273.

Meto UK Ltd.
Tel: (local rate) 0500 826832.

Mirror, mirror on the wall

Allergan has taken a unique approach to advertising Complete in clubs and pubs across England and Scotland.

The all-in-one contact lens solution from Allergan is being advertised on acrylic mirrors in the washrooms of more than 600 night spots in major cities including London, Manchester, Leeds and Edinburgh.

The mirrors ask contact lens wearers: "Are the effects of dry irritated, contact lenses written all over your face?".

The campaign is part of a £1 million Complete promotion, the biggest ever run by Allergan in the UK.

Allergan Ltd.
Tel: 01494 444722.

New Steradent soothes and secures

Reckitt & Colman has extended its Steradent range with a new double action fixative cream.

New Steradent Comfort Fixative Cream (40ml, £2.99) is the only fixative cream that contains camomile, to soothe gums and help prevent inflammation, as well as effectively holding dentures in place.

The launch is being supported by a range of activities, including sponsorship of the English Women's Bowling National Championships.

Support for the range includes the supply of free samples and copies of the new 'Caring for Dentures' leaflet. Copies of the leaflet can be obtained for in-store display by calling the Denture Care Advice line free on 0800 111345.

Reckitt & Colman Products.
Tel: 01482 326151.

IN BRIEF

New dose for Imodium Plus

The Imodium Plus initiol dosoge for 12-18-yeor-olds hos chonged vio the Europeon Recognition Regulotory System ond now stipulotes thot this group of potients should chew just one toblet initiolly, followed by one toblet ofter eoch loose bowel movement. This reploces the previous recommendotion to chew two toblets ond one thereofter. The dosoge for odults over 18 remoins the some.

Johnson & Johnson MSD Consumer Phormoceuticols.
Tel: 01494 450778.

Six of the best from Farley's

Forley's Rusks will now be ovoilable to independents in outers of six insteod of 12. The chonge is being introduced to help independent phormocists ond retoilers improve their inventory control ond cosh flow.

HJ Heinz Compony Ltd.
Tel: 0181 573 7757.

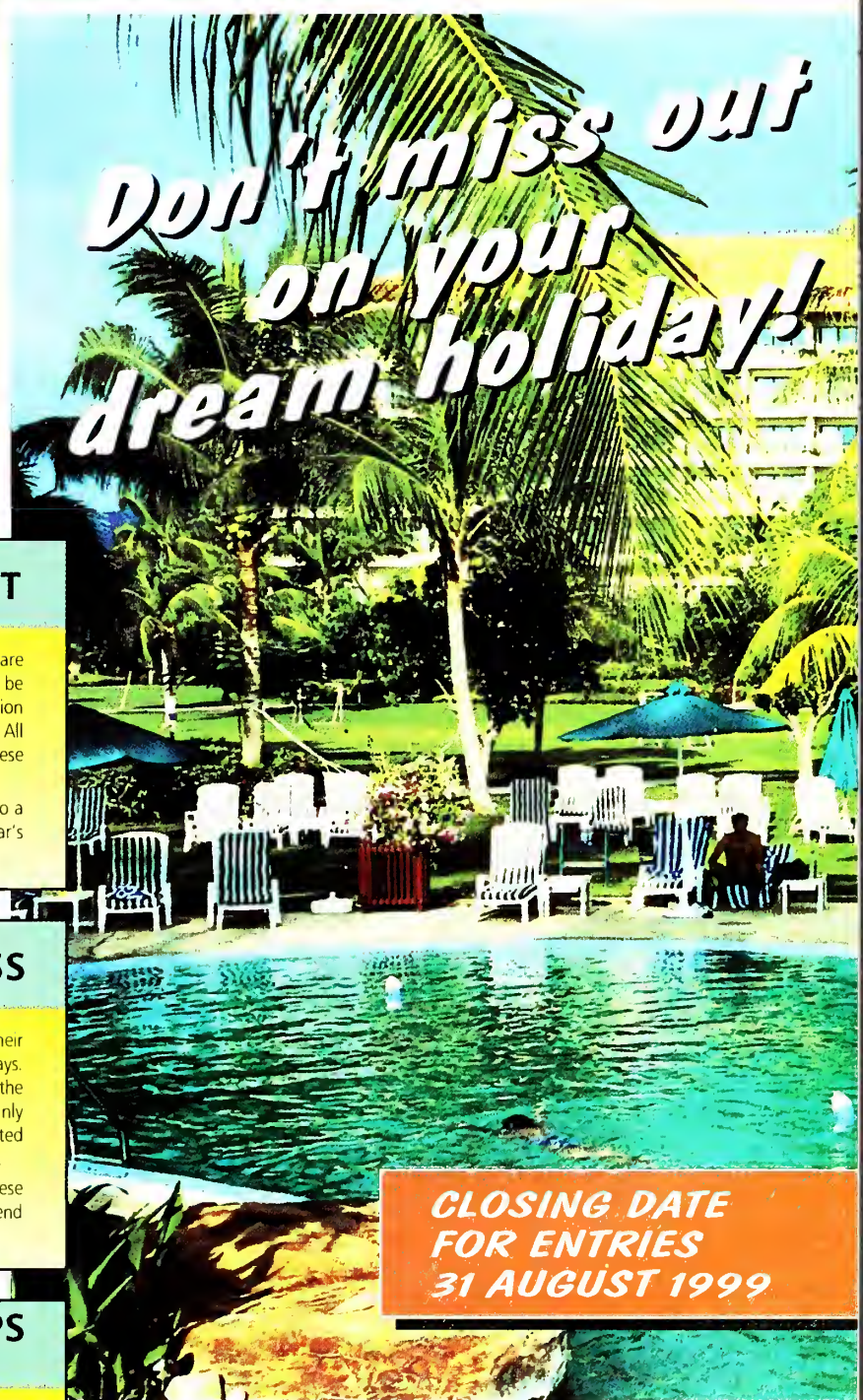
UNICHEM

GREAT BUSINESS AWARDS

Category winners in UniChem's Great Business Awards receive a £1,000 contribution towards the holiday of their choice, whilst the overall winner wins 2 free places on the 2000 UniChem Convention.

Open to all independent pharmacists, the scheme seeks to reward those who have shown imagination, innovation and an entrepreneurial spirit in their business.

Here's a reminder of the 3 Award categories.



1 BUSINESS DEVELOPMENT

No Business can afford to stand still. Successful businesses are those that are continually exploring ways to grow and develop. Growth, of course, can be achieved in many different ways. Through acquisition, through the introduction of new services, through a shop re-fit or the siting of a consulting room. All of these types of initiatives will help a business grow and it is issues like these that the judges will be looking for in the entries.

Innovation, lateral thinking, a real drive to succeed - those are the keys to a thriving business. They could also be the keys to winning a prize in this year's Great Business Awards.

2 PROMOTING THE BUSINESS

Independent local pharmacists need to encourage customers within their community to visit their pharmacy. This can be achieved in many different ways. Through local advertising, door-drop mailings and of course promotion in the pharmacy window. Exciting and interesting window displays will certainly encourage store traffic. Once the customer is in the pharmacy then well-sited promotions that encourage purchase and repeat visits are very important.

Promotion of the business requires creativity and lateral thinking. It is these qualities that the judges will be looking for. These same qualities could send you jetting around the world.

3 BUILDING RELATIONSHIPS IN THE COMMUNITY

Strong links with the local community are a crucial factor in the well-being of any independent pharmacy. A pharmacy that presents a caring image will attract a loyal customer base. This image can be created in many different ways. Through a prescription delivery service, special needs clinics, links with the local GP or indeed through local sponsorship or charity support.

There are many ways to demonstrate real commitment to a community. Our judges will be looking for those pharmacists who have spent time to consider and research local needs and then have acted on their knowledge.

CLOSING DATE FOR ENTRIES 31 AUGUST 1999

Entry to the Awards is via an official entry form which can be obtained from UniChem's Marketing Department (Tel: 0181 391 2323). Don't delay. Get your entry in now.

UniChem
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10 MINUTES AGO THE WILSONS DISCOVERED THEY HAD HEAD LICE.

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PHARMACY update

The mark of the wolf

Lupus is Latin for wolf and systemic lupus erythematosus was so named because of its erosive 'wolf bite' appearance. Steve Bremer bites into the disease and its management

Systemic lupus erythematosus (SLE) is a chronic auto-immune disease that affects many body organs and systems, and produces symptoms varying from mild to life threatening. It typically follows a pattern of remission and flares.

Prevalence

The prevalence of SLE varies between four and 280 cases per 100,000 people, with the highest occurrence in Afro-Caribbeans and Asians. It is 13 times more common in women than men, but rarer in both children ond the elderly, with disease onset usually between the ages ot 16 and 55.

Afro-Caribbeans have a worse prognosis, associated with increased prevalence of renal disease and certain auto-antibodies. Incidence of the disease appears to be increasing, and in some Far Eastern countries it is now the most common inflammatory joint disease.

Pathophysiology

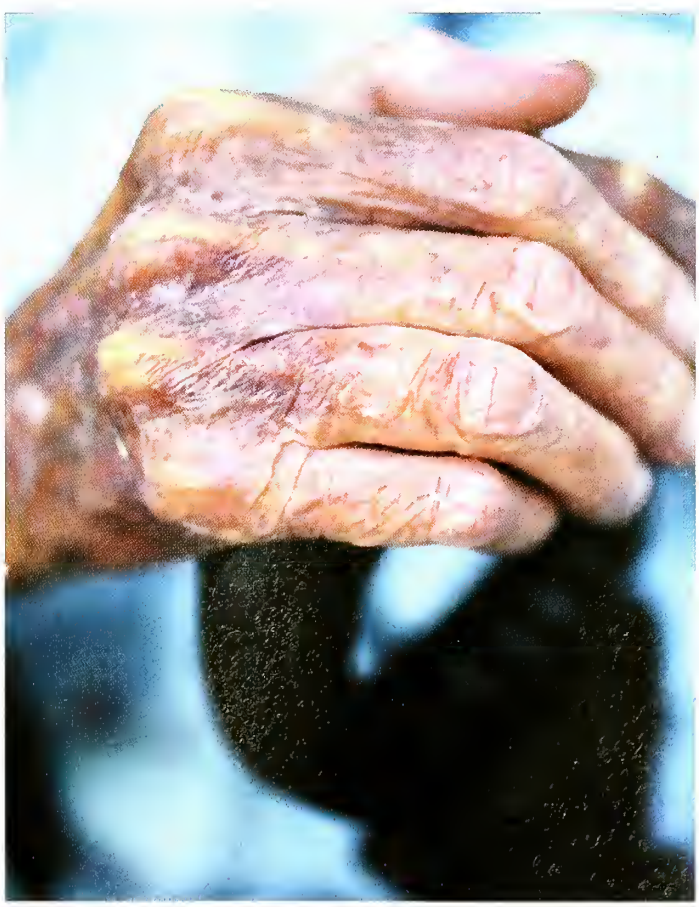
SLE is caused in part by the overproduction of antibodies against human tissue. This results in an abnormal, unregulated inflammatory immune response at various sites. Althaugh the main reason for this loss of self recognition remains unclear, it has been found that the B-cells of SLE patients are hyperactive and their suppressor T-lymphocyte function is impaired.

It is likely that a cambination of genetic, environmental and possibly hormonal factors cause SLE. Research suggests that genetics plays an important port, but no specific 'lupus gene' has been identified – it appears that several genes increase a person's susceptibility to the disease. Other possible trigger factars include sunlight, stress, drugs and viruses.

Lupus is a braad term used far four varieties af the auto-immune disease. As well as SLE, the three other types of lupus are:

- **Discoid lupus erythematosus**, which primarily affects the skin. A red, raised rash, which may become thick and scaly, appears an the face, scalp, or elsewhere. The rash may last for days or years and may recur. A small percentage ot discoid lupus patients develop SLE.
- **Drug-induced lupus** causes some of the symptams of SLE (arthritis, rash, tever and chest pain, but not kidney disease) but these will stop when the drug is

Continued on PII →



The arthritis of SLE is usually symptomatic but non-deforming

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1134), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* SEPTEMBER 11, PROVIDES ONE HOUR'S CONTINUOUS EDUCATION

OBJECTIVES

- To be aware of the prevalence of SLE
- To distinguish between the different types of lupus disease
- To recognise the signs and symptoms of SLE
- To be aware of how the disease in managed
- To be aware of the issue of pregnancy in SLE

Continued from PI

withdrawn. Drugs which can cause lupus are listed in table 1.

● **Neonatal lupus** affects some newborn babies of women with SLE or certain other immunological disorders. Affected babies have a heart defect, rash, liver abnormalities or low blood counts. Babies born to about 3 per cent of lupus women have the condition. If the heart defect occurs, which happens rarely, it will be permanent. For those without the heart defect, there will be no trace of lupus by three to six months of age.

Symptoms

SLE symptoms ore variable between patients and over time (see table 2). The main ones are:

● **Musculoskeletal manifestations**

The arthritis of SLE is migratory with little synovial thickening or effusion. It is generolly non-destructive and non-deforming, controsting with that of rheumatoid disease, probably because of a difference in cytokines produced. Most commonly affected joints are the knees, wrists and the proximol interphalangeal joints.

Osteoporosis is o frequent complicotion of the diseose and its therapy. Spinal osteoporosis may be attributable to glucocorticoids.

● **Mucocutaneous**

UVB light can induce a rash in about 60 per cent of potients ond may also exacerbote the disease in general. The mechanism is multi-factoriol ond includes UV damage to DNA. Patients also react to UVA ond the visible light spectrum, with blue-eyed, fair-skinned individuals being most susceptible. A molar (butterfly shaped) rash often occurs after UV exposure but tends to be short lived. Discoid lesions may also occur. Alopecio, which occurs in 70 per cent of patients, is usually non scarring except when due to discoid lesions.

● **Pulmonary manifestations**

Pleuritic chest pain is a common symptom and, when accompanied by a pleural rub or effusion, indicates serositis (inflammation of outermost extraembryonic membrane). Alternative sources of chest pain should be excluded in view of the increased risk of pulmonary infarction and embolism.

● **Cardiac symptoms**

The risk of coronary artery disease is increased, possibly due to an ossociotion with hyperlipidaemia ond long-term corticosteroid therapy. Conduction defects and congenital heart block are part of the neonatal lupus syndrome occurring in some babies of lupus mothers. Hypertension offen causes a deterioration in renal function.

● **Haematological abnormalities**

Patients may develop anaemia or leucopaenia. Thrombocytopaenia is common in SLE and contributes to an increased risk of bleeding. Lymphadenopathy occurs, especially during disease exacerbation, and, when persistent, may require a biopsy to exclude possibility of lymphoma development.

● **Lupus anti-coagulant and anti-phospholipid syndrome**

Antibodies to a number of clotting factors occur in SLE. Lupus anti-coagulant due to an anti-phospholipid antibody is found in up to a quarter of patients and produces o prolongotion of clotting time. Anticardiolipin antibodies are associated with thrombocytopoenio, orterial ond venous thrombosis including cerebral vascular occidents, pulmonary hypertension and recurrent foetal loss.

● **Renal lupus**

Urinary or functional renal abnormalities occur in about halt of SLE patients. Major abnormalities are proliferative glomerulonephritis, membronous glomerulonephritis ond mild mesangial nephritis

● **Neuropsychiatric abnormalities**

Depression, anxiety and psychosis can all be symptoms of SLE. Headaches are frequent, and their organic cause is suggested by their sudden development, associated double vision, minor seizures or a personality change. Peripheral neuropathy occurs in about 10 per cent of patients, and can involve the cranial nerves and multiple individual nerves. The eye can be affected with charocteristic cotton wool exudates (cytoid bodies), reflecting microangiopathy of the retinal capillaries.

Diagnosis

Diagnosing lupus con be difficult and several tests are needed to confirm the diagnosis. The most useful identify autoantibodies such as the antinuclear antibody (ANA). But the ANA test is non specific as it is positive in other conditions. There are other tests for antibodies more specific to lupus although not all lupus sufferers test positive for these. Other diognostic tests include erythrocyte sedimentation rate (on elevated ESR indicates inflammation), urinalysis, and complement levels (low in lupus patients, especially during o flare).

Disease management

Arthritis, arthralgia and myalgia are the most common manifestations of SLE ond are treated with non-steroidol anti-inflammatory drugs (NSAIDs). Side effects include a reduced glomerular filtration rate (less with sulindac and nabumetone), gastrointestinal toxicity and hepatotoxicity (increased in SLE patients).

If an NSAID does not effectively control symptoms, anti-malarials ore often effective, but slow acting. Local therapy, including steroid injections, can be a usetul adjunct. If this approach fails, low dose glucocorticoids, occasionally higher dose glucocorticoids, or cytotoxic drugs such os methotrexate may be tried.

The majority of SLE patients are photosensitive. UV light can cause systemic flares, as well as flores of skin disease. Photosensitive potients should minimise exposure by wearing protective clothing and using sun screens effective against UVA ond UVB. Topical steroids are helptul for most lupus dermatitis, but scarring and discoid or extensive lesions usually require treatment by a dermotologist.

All types of skin lupus are responsive to anti-malarials. Their mechanism of action is unclear, but they have sun blocking, anti-inflammatory and immunosuppressive effects, ond also cause a reduction in cholesterol. Recommended dose for hydroxychloroquine is 200-400mg daily, with reduction to a five days per week regimen. Anti-malorials may produce retinal domoge at a cumulative dose of 200g, or if the daily doses of 4mg/kg for chloroquine sulphote, or 6.5mg/kg for hydroxychloroquine is exceeded. Dapsone can be used as an alternative in severe skin diseose, beginning at a dose of 50mg daily, and can be increased to 150mg daily.

Managing systemic complaints

Weight loss ond fatigue rarely respond to therapy other than

Continued on PIV →

Table 1: Drugs which cause SLE

phenytoin
hydralazine
carbamazepine
lithium
penicillamine
methyldopa
isoniazid
chlorpromazine
quinidine
sulphasalazine
procainamide

Table 2: Frequency of clinical symptoms in SLE

Symptoms	Approx %	Comment
Fatigue	80-100	Treatable when due to disease
Fever	80	
Weight loss	60	Usually before diagnosis
Arthritis, arthralgia	95	Symptomatic but usually non-deforming
Skin	80	
Butterfly rash	50	
Photosensitivity	60	
Mucous membrane lesion	40	
Alopecia	70	
Raynaud's phenomenon	25	
Purpura	15	
Urticaria	8	
Renal	50	
Nephrosis	18	
Gastrointestinal	38	Mild
Pulmonary		
Pleurisy	45	
Effusion	24	Frequently symptomatic but rarely severe
Pneumonia	29	
Cardiac		
Pericarditis	30	Common but rarely of haemodynamic importance
Murmurs	23	Libman Sachs endocarditis has increased risk of bacterial endocarditis and stenosis
ECG changes	35	
Lymphadenopathy	50	
Splenomegaly	10	
Hepatomegaly	25	
Central nervous system		
Mood disturbance	50	
Psychosis	20	
Convulsions	15	

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Continued from PII

corticosteroids. They are the mainstay of therapy and can be effective in small doses, but it is important to assess the balance between effective disease suppression and side effects. When high doses are prescribed, they are often accompanied by a 'bone-sparing' agent such as calcium.

Major flares usually need to be treated with 0.75-1mg/kg of steroid for four to ten weeks followed by a graduated dose reduction. Pulsed steroids (100-125mg, oral or intramuscular) can provide symptomatic relief and have fewer side effects.

Immunosuppressive therapy is required for life-threatening complications. Azathioprine is used in maintenance regimens when steroids have induced a remission. The usual dose is 1-3mg/kg, but up to 2.5mg/kg can allow a reduction in prednisolone dose to below 10mg/day.

Azathioprine's most common side effects are nausea and vomiting. It can suppress bone marrow function with resultant anaemia and leucopaenia, so regular blood monitoring is needed. It is contra-indicated during pregnancy, so contraception is advised during therapy.

Cyclophosphamide is used in vasculitis, renal disease, severe thrombocytopaenia, and disease induced cytopaenias. It can be given orally at a dose of 1-3mg/kg daily. Intermittent pulse regimes allow effective use of Mesna (an antidote to the metabolite acrolein, which is responsible for haemorrhagic cystitis and consequent risk of bladder carcinoma). In these regimes, doses of 8-20mg/kg are given intravenously every 14-28 days. Other potential side effects include bone marrow and gonadal toxicity, infertility, and teratogenesis. For other therapies used to treat specific problems, see table 3.

Methotrexate is being used increasingly as an alternative to steroids or antimalarials in patients with arthritis, skin involvement, or serositis. It is given orally or intravenously at a dose of 7.5-25mg once a week.

Table 3: Treatment of specific problems

Thrombosis	aspirin/anticoagulants
Abortion/foetal loss	aspirin and/or other therapies
Cytopaenias	steroids, danazol, intravenous gamma globulin, cytotoxics
Glomerulonephritis	steroids, cytotoxics
CNS	
thrombosis	anticoagulants
vasculitis	steroids, cytotoxics
Infarction (secondary to vasculitis)	steroids, cytotoxics, prostacyclin

Pacing and rest

Patients must be aware of the interaction between flares and stress and should be advised to balance activity and rest.

Rest should be taken when needed, with flexible working hours helpful, although employers are not required to make special provision for SLE patients unless they are registered disabled. Too much rest may be as harmful as too little – some patients find that the more they rest, the more they need. Patients should try to exercise regularly, but without exerting acutely inflamed joints, and not during an acute flare.

Complementary therapies

No double blind crossover studies have been done to test the effectiveness of complementary therapies in lupus. However, many therapies have been used, from herbal remedies to acupuncture.

Many complementary physicians use substances such as flax seed oil, fish oils, evening primrose oil and borage seed oil, as well as cofactors such as B-group vitamins and magnesium to reduce inflammation.

Liquorice root and ginseng are believed to support adrenal function and can help to improve fatigue, but should not be used in patients taking beta blockers. Other herbs such as taraxacum may support liver function.

Echinacea is widely used to treat cold and flu symptoms, but should not be used long-term because of its immune stimulating properties.

Acupuncture has been used to reduce pain, fatigue, malaise, insomnia and gastro-intestinal problems.

Pregnancy

Since lupus primarily affects young women, pregnancy is an important issue. Young women with lupus used to be advised against pregnancy, but today 50 per cent of all lupus pregnancies are normal with 25 per cent born prematurely.

Foetal loss, either due to miscarriage or death of the baby, occurs in the remaining 25 per cent. Although many lupus pregnancies are normal, all are considered high risk.

Flares during pregnancy are uncommon and easily treated. In fact, 6-15 per cent of patients experience an improvement in symptoms during pregnancy. Flares occur most often during the first or second trimester and are usually mild.

About 20 per cent of pregnant patients will experience a sudden increase in blood pressure, protein in the urine or both (pre-eclampsia). If this is rapidly treated, the patient will be in no danger, but the baby must be delivered rapidly.

Antiphospholipid antibodies are present in about 33 per cent of patients and these interfere with the function of the placenta. They may cause blood clots, which, if they occur in the placenta, will prevent it from growing. Potential therapies include aspirin, prednisolone, and heparin.

Prognosis

With early diagnosis, 80-90 per cent of patients will enjoy a normal lifespan if they follow medical advice and take their medication as prescribed. Although some sufferers have severe recurrent attacks and are frequently hospitalised, most will rarely require hospitalisation.

References available on request.

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RESOURCES

St Thomas' Lupus Trust,
The Rayne Institute,
St Thomas' Hospital,
London SE1 7EH
Tel: 0171 922 8197

Lupus UK
St James House,
Eastern Road,
Romford,
Essex RM1 3NH
Tel: 01708 731251

Arthritis Research Campaign,
Copperman House,
St Mary's Court,
St Mary's Gate,
Chesterfield,
Derbyshire S41 7TD
Tel: 01246 558033

ACTION PLAN

1. In your practice workbook list the common signs and patient reported symptoms of SLE. Against each sign and symptom, list other diseases that could cause similar observations.
2. In your practice workbook construct a table showing the drugs used to treat SLE. Have a column showing the average dosage used to treat SLE, a column for other conditions treated by the drug, their side effects and adverse drug reactions.
3. Review the article and summarise significant points which will help you answer questions from recently diagnosed patients. Use the following headings as a guide: incidence, outcomes, damage to systems and drug treatment.

PHARMACY update distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the September 11 issue, which will cover this week's CPP-accredited modules, together with those in the August 21 issue.

The MCQ paper for the July modules will be enclosed in next week's C&D covering:

- Our Healthier Nation – Heart disease and accidents (1131)
- Addiction II (1132)
- Scarring (1133).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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GENUS PHARMACEUTICALS

Down and out

Depression is more than simply feeling a bit down. It comes with a range of physical and psychological problems, explains community pharmacist Ian Strachan

Depression has come to epitomise the realities of 1990s living. Financial hardships, competition, employment and even loneliness may all transpire to create a depressive state. What is more, the condition can create profound psychological and physical disorders to a sufferer's wellbeing. This article highlights the causes, symptoms and treatments of depression. In particular, we address how pharmacists may support sufferers by examining the concept of concordance, so creating an empathy and rapport with patients. In order to achieve this, it is important we have an appreciation of their behaviour and the origin of their condition.

Prevalence

The majority of suicides will preclude depressive illness. Depression within the UK is estimated to affect around three million people. Diagnosis is often poor and, left untreated, may compound to more deep-seated illness and further psychotic disorders or even physical illness. Perhaps the key to beating depression should include prompt diagnosis, quality behavioural support and a programme of pharmacotherapy which features the need for concordance.

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1135), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* SEPTEMBER 11, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be aware of the prevalence of depression
- To recognise the symptoms of depression
- To understand the causes of depression and the effects of co-morbid physical conditions
- To understand how depression is managed
- To understand concordance

Symptoms

The symptom profile will often be complex and varied – dependant upon on individual's resilience and attitude towards their condition. Furthermore, the presence of co-existing psychotic disorders may give rise to a confused and intricate picture of symptoms. So it is important that practitioners establish a full account including history, patient perception of their illness and likely aetiology. Symptoms fluctuate, but the following are well documented:

- depressed mood or loss of interest
- feelings of worthlessness
- impaired concentration
- feelings of guilt
- loss of energy and fatigue
- suicidal thoughts
- increased or decreased appetite
- significant weight loss or weight gain
- under or over sleeping
- agitation or retardation.

Windows of depression

Within the complexities of depressive illness, there will be a period where the depressive may experience an asymptomatic period. This is commonly referred to as 'the window'. During this period the sufferer will feel elation from their moods and destructive thoughts. Such windows may occur for ten or 20 minutes, or even several hours, but will follow an almost instantaneous switch back into depressive state. Window periods commonly occur in the morning as a refreshing night's sleep may suppress brain activity. It is important therefore

Continued on PVI →

Continued from PV

thot sufferers develop their window period by pursuing activities that will encaurage its development. Hobbies, interests and activities that retain concentratian will help develop this windaw.

As this periad at relaxatian and contentment develops in the individual, sufferers can re-estoblish rationol ond confident thinking obout their obility to cope. This is an important instrument in the treatment of depression ond compliments phormacotheropy. As pharmocists, we taa can ploy o vitol role by talking to sufferers obout their experiences af 'window periods'. From this we can emphosise the importonce af nat only relaxotion, but of developing their window periods. This must be done in o non-intimidoting woy, os those depressives with symptoms of anxiety moy easily rebound such periods back into the misery ot their depressian.

Causes

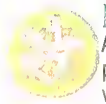
Severol theories exist os to the couses of depression. The estoblished biolagical explanatian af depression is linked to o deficiency in the neuronol pathwoys ot the broin involving neuratronsmitter substonces such os norodrenoline ond serotonin. So the ootion of onti-depressonts is to ensure that such tronsmitter substances remain within synaptic terminals and sustain their effects.

Although the biologicol theory has much credence ond provides on explonotion tor the ootion of ontidepressonts, other behaviourol models ore olso worthy of mention. For exomple, it is considered on individual moy drive their moad into a state ot depression creating teelings ot despoir ond hopelessness. Memaries of obuse, regret or some emotionol troumos, it left without suppart, con often induce depressive symptoms. The sad irony is thot with professionol suppart ond early social guidonce, such consequences moy be potentiolly ovaided.

Co-morbid physical conditions

Depression is often complicoted or even worsened by the presence ot physicol conditions – stroke, myocardiol intorction, concer, Parkinsan's diseose, diobetes ond irritoble bawel syndrome.

Other psychatic disorders moy also leod to depressian. These include ponic disorders, obsessive campulsive disorders, sociol phobias and onxiety disorders.



Management

Although phormacatheropy is vitol to any successtul treatment regime, there is a growing reolisation ot the need tor appropriate behaviourol support for depressives.

The made at action ot antidepressonts is based upon the ratianale that there exists o deficiency in one or both of the neurotronsmitter substances narodrenaline or seratanin, although others ore knawn ta exist. The camman classes of ontidepressonts are:

- tricyclic ontidepressonts (TCAs)
- monoomine oxidose inhibitors (MAOIs)
- norodrenoline uptoke inhibitors (NARIs)
- selective serotonin re-uptoke inhibitors (SSRIs)
- reversible inhibitars of monaamine oxidose
- serotonin ond norodrenoline re-uptoke inhibitors (SNRIs)
- norodrenergic ond specific serotanergic ontidepressonts (NASSAs).

The first ontidepressants ta be intraduced were the TCAs ond the MAOIs. Despite their efficocy, o high frequency ot side effects such os cordiotaxicity were soon estoblished. The passibility of hypertensive crisis resulting from interoction at on MAOI ond amine-contoining toods gove rise to reseorch to find more toleroble, less toxic ontidepressonts.

Antidepressonts thot ore selective ot inhibiting re-uptoke ot norodrenoline ar serotonin were developed ond shown to be equolly os effective os the older TCAs ond MAOIs. Also, the side effects ossocioted with MAOIs ond certoin foodstuffs led to o new generotion ot MAOI inhibitors. These drugs were clossified according to the neuratronsmitters they offected – where norodrenoline ond serotonin ore involved, they ore termed MAOI-A, ond where dopomine is involved, MAOI-Bs. Such drugs ore colled reversible inhibitors ot monoomine oxidose.

A new group of ontidepressonts derived their benefit trom the simultoneous oction on more thon ane neurotronsmitter system in the broin. This group includes mirtozopine, on ontogonist ot alpho-2 receptars tound on the presynoptic terminal at the naradrenergic neuran. Blockode at such receptors leods to on increase in narodrenoline releose. These receptors ore olso located on seratanergic nerve terminals and leod to on increose in serotonin levels. This group increoses both serotonin ond norodrenoline ovoilobility.

Pharmacy and compliance

The World Heolth Organizatian has recently suggested thot antidepressonts should be continued for six months following apparent resolution of symptams. Compliance ond the use ot ontidepressants is well recognised as an oreo tor turther intervention. Pharmocy can ploy o vital role in addressing such complionce issues by developing a greoter understanding ot the sufferer and their condition.

The reasans why people do nat take their medication ore complex and diverse. However, research hos reveoled that there are twa types of non-compliance.

- **Unintentional non-compliance**

This orises through o lock af understonding ar reduced manuol dexterity moking it difficult to apen bottles ar blister pocks. Same peaple experience problems swollowing toblets, while others moy simply forget ond require prompt reminders such os leaving notes or setting their wotch. Corrective meosures can easily be given by phormocists on unintentionol nan-complionce.

- **Intentional non-compliance**

As well os such procticol obstocles, mony potients moy ottempt to ossess the risk benefit opprooch to their medicatian and decide the odvantages da not autweigh the disodvantoges. An issue that potients moy consider is the possibility of becoming immune to their medicotion. Whot is more, the dongers of oddiction, or the belief thot toking medicines is unnaturol, may olsa teature. Mony potients have on anti-drug attitude ond do not like to toke medicines.

Concordance

Concordonce is obout engaging in dialogue with the potient ta ogree upan an understonding at the complionce issues, sa that the potient is given the responsibility ond decision to toke their medicine. Through discussion ond calloborotion, concordonce con greotly resolve concerns, give motivotionol support ond ochieve greoter benefits from medicotion. Obviously preferred times for such intervention is ot the onset of ony antidepressive progromme. As pharmocists, it is important thot the follawing points ore considered:

o) Involving potients in the decision moking processes reloting to their medicotion, questioning them obout their teors, concerns ond opprehensions.

b) Trying to toilor the recommendation ta the potient's personal circumstonces. Identify the toctars thot moy relote to the patient in order to resolve their concerns.

c) Discussing the benefits ot toking the medication. Such reossurances upan side effects ond timescale tor therapeutic benetits is vital it potients ore to comply with their medication. Remember thot depressives, by virtue ot their illness, may be demativoted, totigued and lock cancentrotian, the very elements thot torm the ingredients ot a poor compliance progromme. Tremendous professional satistaction can be gained through developing on empathy ond understonding ot the depressive's situatian. Raising the reosons for poor complionce ond offering vitol reassuronce affers the key to maximising the benetit of any antidepressive pragromme.

Finally, one ot the mast common concerns obaut ontidepressonts is the tear ot oddiction. It is important here, especiolly with the more recently developed SSRIs, thot their treotment is nat hindered by the misconceptians at oddiction.

- **Duration of therapy**

It is impartont thot we give potients cleor and reolistic informotion obaut the likely length of treotment and the reosons. It is olso importont for potients to reolise thot, even though they ore feeling better, the treotment is continued. Premoture cessotion of treotment can result in a 50 per cent risk at relapse follawing a major depressive episode.

- **Side effects**

Potients ore offen cancerned obout the side effects they moy experience due to ontidepressonts. Preparing the potient for side effects will greotly improve the likelihood ot complionce. It is olso importont thot potients ore reossured thot their side effects moy diminish with time. Encouroging potients to persevere with their medication is vitol. If this is not done, potients moy obondon treotment believing it does not work.

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ACTION PLAN

1. Try to estimate how many of your patients have been diagnosed as depressed. Consider patients presenting for the first time with a prescription for antidepressants. Try to develop the required understanding, empathy and concordance suggested in the article.
2. Revise the side effects of each type of antidepressant and tabulate them in your practice workbook. What advice will you give when dispensing each type for the first time and subsequently?
3. Talk to your colleagues about pharmacy's involvement in managing depression. Is it your role? How far should you go? Do you have the necessary skills and knowledge?

Bread and butter

In the second article on coeliac disease, Michelle Johnson, community pharmacist with a specialist interest in the disease, looks at the range of gluten-free breads and foodstuffs available and outlines how pharmacists can better serve their patients

The first article in this series (**Pharmacy Update**, May 15) looked at the clinical aspects of coeliac disease and described the recent advances in determining its aetiology. However, the advances in baking technology are of more immediate significance to the coeliac population and, as the range of gluten-free products available both on and off prescription grows, it is an area that community pharmacists would do well to acquaint themselves with.

Knowledge gaps

In 1997, a poster presentation at the British Pharmaceutical Conference indicated that one third of coeliac patients questioned believed their pharmacist did not know enough about coeliac disease. Another third of patients were unsure, leaving just one-third of patients satisfied with their pharmacist's knowledge of the condition.

These findings accord well with the comments of a small sample of coeliac patients interviewed in an earlier study conducted by MEL Research and the Department of Pharmacy Practice at Aston University.

The credibility of these findings was assessed in another study of community pharmacists undertaking a postgraduate diploma. Although the study group was not representative of community pharmacists in general, they demonstrated highly variable knowledge of coeliac disease, in line with other findings. Even the most well informed pharmacists had an incomplete understanding of the condition and its management.

Concerns for pharmacy

Coeliac patients are high users of pharmacy services and it is sad to note that while they value our advice on minor ailments and prescribed medication, they often find us lacking in respect of advice regarding their specific condition.

As patients with the coeliac condition or their carers have frequent contact with community pharmacists, increased pharmacist knowledge on the condition and its management is beneficial to sufferers and to the pharmacies themselves, particularly as such patients tend to be loyal to the pharmacies they use.

Although community pharmacies in England dispensed over 6 million gluten-free items worth £12.4 million in 1997, few consider coeliac disease a worthwhile investment of their time, money and professional energy.

Coeliac disease is heavily under-diagnosed in general practice. However, a campaign to increase GP awareness of coeliac disease over the past 18 months is beginning to bear fruit. The implications for community pharmacists wishing to build a coeliac clientele are clear – a potential fivefold increase in gluten-free business.

Many patients may only see their dietician annually. Dieticians therefore positively welcome primary care practitioners who are able and prepared to provide ongoing support to coeliac patients. However, few GPs appreciate the everyday realities of following a gluten-free diet, so the community pharmacist is often the healthcare professional with whom coeliacs have most regular contact. The Coeliac Society actively encourages patients to establish a relationship with a regular pharmacy.

What is available

Despite the fact that only basic foodstuffs are allowed on FP10 (bread, crackers and crispbreads, plain biscuits, baking mixes and pasta), 112 prescribable products were listed in the *Drug Tariff* at the beginning of the year. If one takes account of the individual variants of these products, ie sliced and whole loaves or varying pasta shapes, then the total rises to a staggering 151 products.

The graphs overleaf illustrate the trends in prescribed gluten-free foods. Not surprisingly, bread sales have shown a dramatic increase in recent years as the variety and palatability of products has greatly improved.

Ultraphram launched its Lifestyle loaves into a market eager for freshly baked bread and currently receives 15-20 new inquiries a day. Samples are available free on request. A regular collection of freshly baked loaves greatly increases footfall in the pharmacy.

In addition to prescription products, Lifestyle Healthcare also produces a range of fresh gluten-free items for purchase. Until recently, these were available to customers by mail order only but Ultrapharm is looking to distribute through pharmacies.

Despite the trend away from home baking, the gluten-free market is sufficiently buoyant for the US based company, MenuDirect, to launch four of its range of Dietary Speciality mixes in September last year, via its UK subsidiary, Nutrition Point. Further Dietary Speciality products are currently under consideration by the Advisory Committee on Borderline Substances (ACBS).

In addition to its baking mix range, MenuDirect specialises in ready prepared frozen meals for special diets, including gluten-free diets. Its proud claim is that the products are suitable for all the family and, in many cases, taste superior to its gluten containing counterparts. Long-term plans are in hand to provide a similar service in this country.

Although foreign markets may be somewhat different to the UK, the success of direct sales of Lifestyle non-prescription products suggests that many coeliac consumers are happy to purchase convenience products that non-coeliacs take for granted. The major supermarket chains, with their in-store pharmacies, are already researching specialist food markets. With their high footfall, corporate buying power, direct links to manufacturers and their existing information support for coeliacs, supermarkets may well lead the way in retailing fresh gluten-free foods.

However, all is not lost for independent pharmacies. It is possible to build up a substantial clientele through niche marketing, without the need to invest in products with a very limited shelf life. Many major manufacturers produce a variety of long-life luxury goods that can form the basis of a profitable addition to the professional services offered by pharmacies.

Pharmacists interested in developing gluten-free sales should check out the ranges offered by Schar, Gluten Free Foods, GF Dietary and Nutricia. The range includes cakes, fancy biscuits, muesli and savoury snacks.

Unfortunately, just as pharmacists are reluctant to devote shelf space to non-prescription items, so too are wholesalers, making it difficult to build up business by ordering on demand. However, there is much to be said for displaying a limited range to encourage impulse purchases.

Continued on PVIII→

Continued from PVII

How do coeliacs use pharmacists?

Research would suggest that the majority of coeliacs access pharmacies primarily to obtain gluten-free supplies on FP10. The greater your coeliac clientele, the greater the opportunity for non-prescription sales. The best way to secure additional custom is by offering a high level of service.

It is surprising how little support some coeliac patients receive. Treat each encounter as an opportunity to improve the quality of service that you offer and your customers will not only turn to you for advice but also happily recommend you to their coeliac acquaintances. For those in need of convincing, I started with six coeliac patients and ended up with 60, some of whom travelled from neighbouring towns.

Newly diagnosed patients obviously require a lot of support in adapting to the diet and optimising their prescription, but those diagnosed a long time may be unaware of new developments. Compliance is of paramount importance to reduce the risk of long-term complications and is easier to achieve if the diet is varied and interesting.

Although many patients plan their diet around naturally gluten-free foods, supplemented with prescription products and home baking, others may lack the basic culinary skills. It is second nature to pharmacists to advise patients on selection of OTC medicines and how to take drugs appropriately, and gluten-free products are no different. Gluten-free flour behaves differently to regular wheat flour and long-life breads must be refreshed before serving. Many patients need advice and information to get the best from their diet and encouragement to persevere with home baking.

That is not to say that the pharmacist should strive to become a master baker and nutritionist. As with so many aspects of information provision, the key is in knowing where to look. There is no shortage of information and practical advice available to pharmacists and patients. Valuable points of contact include the Coeliac Society and gluten-free food manufacturers.

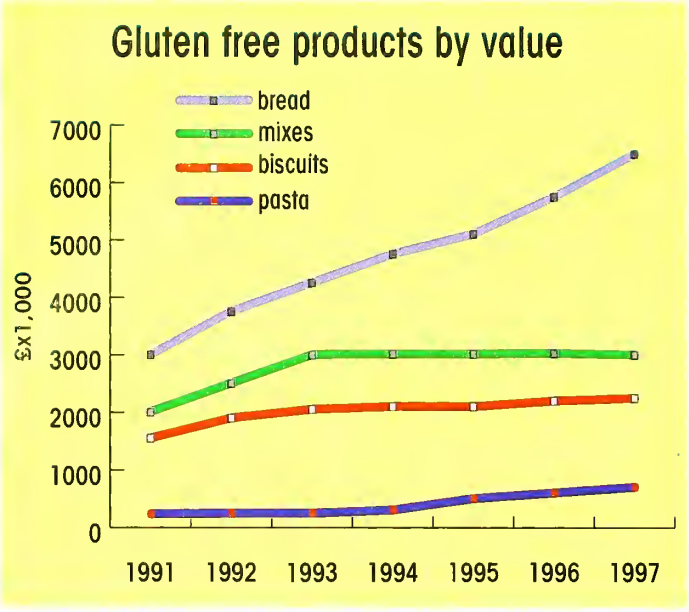
Multidisciplinary work

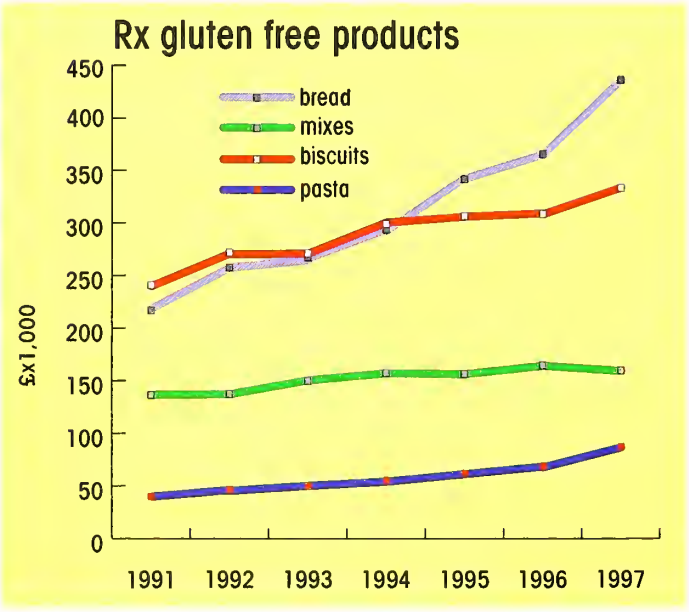
There are many individuals and organisations involved in the care of the coeliac patient, some more closely associated than others. SHS International recognised the multidisciplinary input into the management of coeliac disease when it established the Juvela Nutrition Centre (JNC) and appointed two gastro-enterologists, a GP, a paediatric dietician (herself a coeliac) and a pharmacist to its advisory panel, in addition to its own experienced home economists.

The pharmacist can play a pivotal role in linking primary and secondary care by close liaison with dietician and GP. Review of coeliac patients by GPs is enormously variable, but the GP adviser to the JNC recently described how he established a GP managed coeliac review clinic.

With the advent of primary care groups and clinical governance, GPs will be seeking common standards for the management of many conditions, coeliac disease included. If local GPs already provide a service to coeliac patients or are intending to introduce it, it is well worth the pharmacist offering to be in attendance at such clinics to deal with prescribing and compliance issues.

Many patients will make direct use of the support materials provided by gluten-free food manufacturers, others may be unaware of what is available. Most companies are happy to supply literature, educational tools and product samples for pharmacists to pass on to patients. It is well worth establishing a good relationship with the gluten-free food industry, as so many problems encountered by patients are of a practical rather than clinical nature.





The graphs illustrate the trends in prescribing various product types by volume and value

What information is available

The Coeliac Society

The Coeliac Society is an invaluable source of information on the coeliac condition. All patients should be encouraged to join. Membership is free to all medically diagnosed coeliacs.

Inquiries from healthcare professionals are also welcome. All members receive the Society's list of commercially available gluten-free foods, which is reproduced annually and updated monthly on its web site *http://www.coeliac.co.uk*.

Other publications include the *Crossed Grain* magazine, distributed free to all members and a cookery book available to purchase.

The Coeliac Society has more than 50 local branches, holding regular meetings. Attending one of the local meetings is a useful way for pharmacists to introduce themselves and their services to local coeliacs.

The British Society for Gastroenterology

Comprehensive guidelines for the management of coeliac disease are published by the BSG and summarised in the publication *Guidelines*. A full set of guidelines can be obtained by writing to the BSG, but those with internet access may prefer to view them at *http://www.bsg.org.uk*.

Gluten-free food manufacturers

All of the major gluten-free food manufacturers provide support material for patients and professionals. In addition to basic product information, many operate dietary advice lines, recipe services, information on the coeliac condition, newsletters and current research.

Perhaps the most valuable services from the patient's perspective are product samples, starter packs and video demonstrations of baking techniques. Although aimed at newly-diagnosed patients, it is worth remembering that patients who have been diagnosed a long time may be unfamiliar with new product developments. Samples are particularly useful in this group of patients as it allows them to experiment before altering their prescription.

Dieticians

Although some patients have regular access to a dietician, many do not. Inquiries from pharmacists are generally well received. Indeed most dieticians are grateful for the continuing support pharmacists are able to give their patients and it is worthwhile building a relationship with the local dietetic department.

Patients

Patients themselves are a wonderful source of information and will welcome your interest in their condition. They are often happy to share advice, such as, which local butcher is willing to make gluten-free sausages. They can also give you a valuable insight into living with coeliac disease. To non-coeliacs, the diet often appears restrictive, boring or even intimidating; however, the majority of patients will tell you how wonderful it is to feel well again.

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Reassurance from the front

Dr Brian Curwain, pharmaceutical adviser to the New Forest PCG, offers some reassurance to doctors as they discover to their cost about prescribing

"Patients should have access to the best pharmaceutical care available"

Dr Fellow's article 'Crossing the minefield' (*C&D* July 17, p17) raised many interesting issues which are rightly of concern to GPs. The NHS reorganisations will cause changes in the ways in which GP prescribing decisions are reached, but I can reassure Dr Fellow on several points. It is crucial that effective, impartial and professional prescribing support for the PCGs is in place, and that prescribing is driven primarily by quality rather than cost issues.

There seems to me to be a genuine desire, among NHS professional staff, that patients should have access to the best pharmaceutical care available, according to their needs. Given that PCG budgets are now cash-limited, it is inevitable that cost is an issue. We are charged with doing the most good with the money available. Where there is demonstrable waste in the system, we must eliminate it.

Drug choices

In several major classes of medication, there are substantial cost differences between similar drugs. The choice of which ACE inhibitor, statin or inhaled steroid to prescribe can affect a practice's annual drugs bill by tens of thousands of pounds. Every drug company will seek to persuade us that its own compound is best. Information from various impartial sources is now widely available to prescribers, often via Health Authority and PCG advisers or practice pharmacists.

Generic prescribing has been a source of substantial cost-savings for the NHS and it would be unhelpful to abandon it. However, we know that there are a few preparations that should be prescribed by brand. This in no way invalidates the principle of writing generic scripts in most cases. It is easy to provide GPs with a single, laminated sheet listing the items that need to be branded.

Dr Fellow is quite right about the prescribing of calcium antagonists – the vast majority of GPs continue to write generic scripts for these drugs despite guidelines recommending prescribing by brand. It is clear that this message has not yet got through to all concerned. Of course, a generic prescription does not always save money at the time that it is written, if it is for a newer drug that is still in patent. However, if we are in the habit of using the generic name, it will yield dividends when the patent expires.

As primary care prescribing becomes more cost-conscious, and as prescribing support becomes more sophisticated and effective, there will be changes in the way that pharmaceutical companies market their products. Where there are similar products, price competition will become more important. This process is driven by our own increasing readiness to switch patients' drugs.

It will have the beneficial effect of reducing costs in some expensive areas of prescribing and could be seen as restoring some balance to the marketplace. In some ways, it is surprising that it has taken so long, given that the NHS has almost a monopoly in the purchase of prescription medicines.

In the longer term, there may be less of a need to make drug changes, if similar products are available at roughly the same price. But this will not happen unless we are prepared to engage in the process.

Some prescribers remain reluctant to change patients' medication. While a switch always involves some work for the practice, it does not have to be the difficult, stressful, process that many imagine.

Community pharmacies often need to be involved in the process and are normally happy to help. Dr Fellow is right in saying that we should minimise the amount of reactive troubleshooting that pharmacists are landed with.

Many patients are happy to save money for the NHS since the spiralling cost of the service has had such a large amount of media coverage. Like it or not, cash limits are here to stay. In any change, it is crucial that the doctors concerned believe it to be in the best interests both of their patients and their practice as a whole.

There will always be a small group of patients who oppose a switch and, if they are few in number, can be accommodated within the system.

So far as clinical government is concerned, the development of formularies really ought not to prevent the use of clinically useful drugs. A formulary is best seen as a guide to what to use first- or second-line, rather than an all-inclusive list that must never be deviated from.

It is also crucial, and most prescribing support personnel understand this, that formularies are arrived at by agreement with individual practices. All prescribers can then have some input to the process. To attempt to impose a formulary from above is a recipe for conflict rather than good medicine.

Getting involved

Dr Fellow addresses the question of pharmacist involvement in PCG prescribing decisions. Like him, I am in no doubt of the need for this. It doesn't matter whether or not pharmacists sit on PCG Boards. In my own PCG, we have an LPC representative on the PCG's prescribing task group. In terms of pharmacist involvement, my own is said to be significant, and it is backed up with support from the HA and other prescribing support pharmacists in neighbouring PCGs.

Many busy community pharmacists are not able to give much time to such things as formulary development, but I hope that we will listen to them, address any concerns and involve them wherever possible in practice prescribing decisions. We should also react positively to their suggestions for ways of supporting GPs.

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How to make a healthy living

Healthy Living Centres are not a new idea – but they are fast becoming the latest fad in local health service organisation. How can community pharmacists get in on the act? Dr Jill Jesson and Dr Rob Pocock report

Every day pharmacists are dealing with illness and disease as they dispense prescriptions and OTC preparations. Through the extended health education role, they have become more in tune with promoting healthy lifestyles.

Now the idea of the Healthy Living Centre (HLC) brings with it a further conceptual shift in pharmacy culture by taking this trend one step further. HLCs encompass a wider, more holistic approach to health by tackling the physical, social and mental well-being of the population in an integrated fashion. This notion of health is positive (in contrast to the 'negative' focus on treating illness). Positive health is more than the absence of disease, it includes the capacity for individuals to grow and develop in a full relationship with their physical and social environment.

Pharmacists' typical image of an HLC might be a building housing GP services, other clinics and PAM (professions allied to medicine) services plus, maybe, a Citizens Advice Bureau and family centre (and a pharmacy, of course). However, HLCs are a somewhat nebulous concept, since they are not necessarily a building, and probably not an existing traditional health centre from which primary healthcare professionals provide services. They may well be more like a network of public, voluntary and private groups and organisations taking co-ordinated action to improve the lives of workers and residents in a locality or a community of interest. The key focus is on communities experiencing deprivation.

In the early 1990s, the Health for All 2000 and Healthy Cities initiatives followed similar lines, but struggled against a sceptical government. Now, co-operation is approved and needed as network members share information and resources, train and develop together at a pace that meets all needs. Smaller than a health authority or city wide, an HLC might encompass a few streets, or an entire housing estate or neighbourhood. The key to success is going to depend on the mixture of agencies, employed staff, volunteers and residents who are breaking down professional and ideological barriers and working towards one agreed agenda.

> "With HLCs, there is the real prospect of new money to go along with the new roles"

HLC funding

Since January, up to £300 million is being made available nationally from the New Opportunities Fund (NOF), which distributes National Lottery funds on behalf of the Department of Culture, Media and Sport. The intention is to fund new services, not replace existing ones, nor anything previously funded by local or health authorities.

Bids are being put together from consortia of voluntary, statutory and private partnerships that involve local communities. The local pharmacy is recognised along with other healthcare providers as likely to form an important element in any HLC initiative.

Pharmacies located in the most deprived areas, which may also be covered by Health Action Zones or any number of other government regeneration initiatives, are most likely to be involved in HLCs. Sure Start is one example. This is a radical cross-departmental strategy to improve services for young children and families in areas of need.

The level to which HLCs can engage community activity and participation will determine whether they are successful or not. For pharmacists, this is the opportunity to take pharmacy know-how out of the shop and into the everyday world, becoming integrated in the HLC agenda. For example, a young people's healthy living project might be co-ordinated across schools, libraries, and community and leisure centres. Workplace health is another target in 'Our Healthier Nation' that offers opportunities for a smoking cessation initiative, which might be co-ordinated with local employers. The new emphasis on helping drug abusers also offers an opening across organisations and within working, leisure and education facilities.

Pharmacy rewards

The growing pressures on community pharmacists make it easy to point to 'time, money, locums, long opening hours and the tyranny of the prescription' whenever extended roles or new roles are being discussed. These are perfectly valid constraints to highlight. However, with HLCs there is the real prospect of new money to go along with the new roles. Not all pharmacies are going to want to get involved, or be located in an appropriate area. However, the opportunity cost in competitive advantage terms of not becoming involved in new regeneration initiatives could be high. Increasing competition among pharmacies suggests that the survivors will be those who can adapt to meet the new government health strategy objectives.

Customers tend to use their nearest pharmacy and stay loyal for a long time, as long as the pharmacist and

the staff are identified positively. Pharmacists who become involved in the community are recognised and are more likely to see an increase in customer exposure and sales.

An element of innovation and creativity is what is required to tap into the potential supply of new customers.

For example, a window display of health promotion paintings by local children is more likely to attract attention than the usual manufacturers' materials. A display of footcare, muscular aches and pains products, or personal care products linked to sports and leisure activity could attract customers.

Try targeting men – young men have disposable income and are increasingly likely to spend it on themselves on personal care. An IT interactive health information machine can be loaned out to community care organisations, clubs or after school activities, and you could pocket the impact.

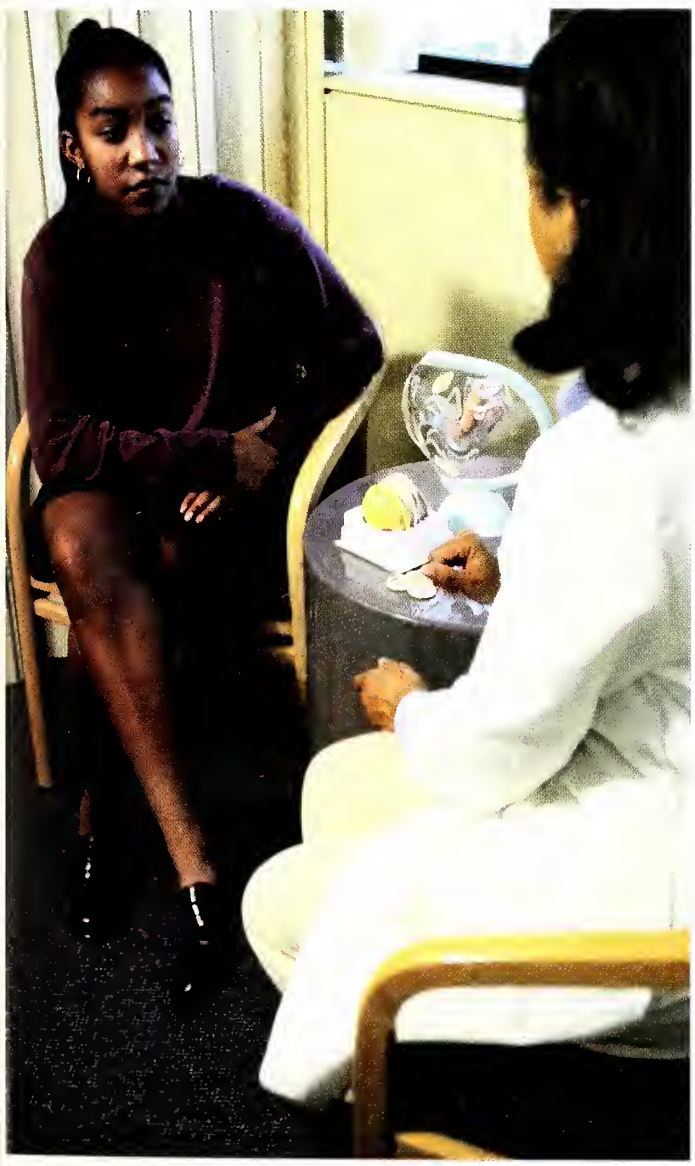
Get in there

Making sure you don't miss out on the HLC bonanza. HLCs are about community plans. If you do not yet know, find out what is happening in your community by contacting your local health authority. They will be able to tell you what is going on in your local area.

The draft Health Improvement Programmes (HImP) has probably already been circulated for consultation. Has your LPC or Branch seen the local HImP and discussed it yet? In Birmingham, the HImP has been drawn around Primary Care Group (PCG) needs. Of 11 PCGs, three list HLC schemes. The Local Authority will also have an input. Get hold of a copy and see how you can join in.

Remember, there are four essential elements to motivation: knowledge, confidence, incentives and the presence or absence of choice. We know that the pharmacy profession has the knowledge, confidence and incentive to get involved in community initiatives, the final element, choice, is what often holds it back. Check on the opportunities, and choose whether HLCs are for you.

Dr Rob Pocock is chief executive of MEL Research; Dr Jill Jesson is the company's principal consultant.



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Boots and Superdrug to roll out civil recovery scheme

Boots the Chemists and Superdrug are among 20 major retailers who plan to roll out a civil recovery anti theft programme around the country, following a successful pilot in the West Midlands.

Civil recovery is already established in the US and Canada, and involves retailers taking civil action to recover costs and damages from shoplifters.

A new company, called Retail Loss Prevention, led by Professor Joshua Bamfield, an expert in civil recovery, was set up to run the West Midlands pilot, which began last October. BTC had six stores in the pilot, while Superdrug had three. Other retailers involved include J Sainsbury, Tesco and Mothercare (*C&D* October 10, 1998, p32).

Professor Bamfield said retailers had been pleased with the results: shop theft activity fell 20 per cent in the participating stores and shrinkage dropped 10 per cent. Although stores received compensation from 35 per cent of the shoplifters they took action against, Professor Bamfield said this was slightly lower than he had expected.

RLP, which sorts out compensation from thieves and liaises with retailers, aimed to get £60-£100 compensation from shoplifters. Towards the end of the pilot, RLP also began to take action against staff thieves. "In the national civil recovery programme, we think that staff thieves could pay £100-£300 compensation, depending on their offence," said Professor Bamfield.

Retailers had originally decided to measure the six-month pilot's effect, before deciding whether to pursue it further. But early results convinced them it was a success and, two-thirds of the way through, they decided to roll it out.

Professor Bamfield has started talking to other pharmacy companies, including Moss Chemists and Lloydspharmacy, who are evaluating the scheme.

Stores in the West Midlands are still carrying out the civil recovery programme, which is being expanded to the East Midlands. Fifty BTC outlets and 20 Superdrug stores will be involved.

From September it will branch out into Bristol and Oxford and in October, into the north of England up to Newcastle. It will begin in London in Easter 2000.

Cardiff and Swansea will see the programme later this year, and the rest of Wales will follow from there.

Professor Joshua Bamfield, director of the Centre for Retail Research

The programme could move into Scotland next Easter, probably starting in Glasgow and Edinburgh. Professor Bamfield said Scotland needed a slightly different approach because its legal system was different to the English one. For example, Scottish courts will not allow retailers to recover all the costs involved in such cases.

The roll out programme is being supervised by the Nottingham-based Centre for Retail Research - Professor Bamfield is also a director of CRR.

A number of alleged shoplifters, meanwhile, are due to appear in County Courts for failing to pay the compensation. "Some of the thieves disappeared when they heard they had to appear before a County Court - that's a source of difficulty," said Professor Bamfield.

County Court cases were a lengthy procedure, but Professor Bamfield said RLP had to take care of every detail to ensure its cases were not thrown out of court because of insufficient preparation.

"It's been a learning curve for us all and, as we've been learning, we're going to be much quicker in dealing with civil recovery cases in future," he said.

CRR is agreeing a national code of conduct with the Association of Chief Police Officers (ACPO), who will use it to work with retailers involved in the scheme. Professor Bamfield said ACPO's support was vital.

He admitted that some disreputable security companies could start up their own civil recovery schemes, purely because they think it would be a good way of making money. "There's nothing to stop someone from setting up their own civil recovery scheme. The problem is that if that scheme fails, we could be tarred with the same brush," he said.

Retailers should stick with a civil recovery organisation, he added, that was already recognised and had produced results.

Pharmacies who want more details about civil recovery should contact the Centre for Retail Research, telephone: 0115 970 3525.

Healthcare sales help boost AstraZeneca profits

Strong healthcare sales helped to lift AstraZeneca's pre-tax profits 6 per cent to $2.059 billion (£1.3 billion), excluding exceptionals, during the first half of 1999.

Exceptional charges were $821 million, although the group received taxation credits of $141 million.

Its healthcare sales grew 16 per cent to $7.382 billion, while the division's operating profits rose 13 per cent to $1.834 billion. Its gastrointestinal sales, including Losec/Prilosec, grew 15 per cent - Losec's European sales were up 29 per cent and it performed particularly well in the UK, France and Sweden. The brand's German sales, however, were hit by generic competition.

AstraZeneca's cardiovascular range grew 17 per cent, while those of its respiratory products rose 11 per cent. Its oncology sales rose 14 per cent - Casodex was up 44 per cent.

The group's overall performance, however, was hampered by its agrochemical business, whose sales fell 5 per cent. AstraZeneca admitted that agrochemicals' trading conditions were unlikely to improve.

Tom McKillop, AstraZeneca's chief executive, said the integration of both companies was proceeding quickly. Around 600 management appointments had been made by June 1, when the healthcare business began to work on a unified basis. And the group expects to integrate its sales and marketing teams by the end of the year.

The group spent $130 million on its synergy and restructure costs during the first half. Most of the total restructure costs, estimated at $1.2 billion, will be paid by the end of the year. It expects to save about $11 million this year through synergies, and $1.1 billion within three years of the merger.

AstraZeneca, meanwhile, earned around $1.5 billion by selling its specialities business on June 30.

Mr McKillop said the group's momentum was strong and that its proforma healthcare profits would achieve "good double digit growth" by the year-end.

AstraZeneca's shares fell 66p to 2,257p as *Chemist & Druggist* went to press.

Bank errors cost pharmacies £35m

Pharmacists have probably lost £35 million over the past six years because of bank errors, according to Anglia Business Associates (ABA).

ABA specialises in checking business bank accounts to see if any mistakes have been made. The company was set up six years ago in Wymondham, just outside Norwich, and is beginning to target the pharmacy sector. It has handled about 15 pharmacies so far.

Stephen Gill, who owns S E Gill Chemist in Sunderland, received a refund of £2,894.83 from his bank (one of the big four), after ABA spotted about £4,000 in errors when it reviewed his bank statements. Mr Gill is seeking another £1,000 from the bank, which has now corrected the interest and transaction charge errors that occurred in his current account.

Problems over his loan account are still being investigated.

Mr Gill was surprised by the scale of the mistakes. "I had heard a lot about bank errors, but never considered I would be a victim. As I have always reviewed my bank statements, I did not think anything would be wrong," he said.

Mark Radin, ABA's managing director, said 75 per cent of its audits discovered refundable errors. "On a national scale, over a six year period, the overcharge market has been worth about £5 billion," he said.

The average refund from an ABA audit is around £6,000.

Following a deal with the National Pharmaceutical Association, the ABA is offering NPA members discounts on its fees. NPA members, for example, will be charged 30 per cent of the bank's refund, whereas non-members will have to pay 35 per cent.

NPA members can also pay £70 a year as a fixed fee for an ABA audit; whereas the standard fee is £80.

Contact ABA on: 01953 600811.

Wholesaler launches internet ordering

A Birmingham-based OTC/toiletry wholesaler this week opened a web site that allows pharmacies and other retail customers to order on-line.

Three Pears Wholesale Cash and Carry, which has three depots, claimed it was the first pharmaceutical wholesaler to offer trading through the internet.

Potential customers first have to become a 'registered user', which involves giving the web site details of their e-mail address, their business' postal address, what type of business they run, how often they trade with Three Pears, how they normally place, and pay for, their orders.

Once registered, the pharmacist can browse through Three Pears' catalogue and choose products through its on-line ordering system.

The wholesaler has 5,000 customers, including pharmacies and drug stores. Edward Dunn, its chairman, said the web site ensured they could order from the most up-to-date information. "Our stock is always changing, so we can't have an up-to-date [printed] catalogue. With our web site we're updating ... daily," he said.

The web site contains details of 18 product categories, ranging from baby products and OTCs to haberdashery.

Non-registered users can look at the catalogue, but cannot access the on-line ordering system.

The web site took six months to set up and, as it does not deal in P medicines, Three Pears did not need approval from the Medicines Control Agency to open it.

Mr Dunn said pharmacists would find on-line ordering a more efficient way of doing business. "Some of our clients have to get a locum if they want to visit a cash and carry. Now they can order direct from their pharmacies," he said. The address is: *www.3pears.com*.

Biocompatibles benefits from restructure

Farnham-based Biocompatibles International nearly halved its pre-tax loss to £10 million for the six months to June 30. Its sales rose 29 per cent to £11 million.

BI said its decision to concentrate on the core eyecare and cardiovascular divisions, announced last summer, was reaping benefits. Its eyecare sales were up 54 per cent on those of the same period in 1998.

The company recently signed a deal to provide own-label phosphorylcholine-based lenses for Specsavers, the opticians. Specsavers is expected to start selling the lens later this year.

Meanwhile, BI's stents – small, metal scaffolds which are placed in a blood vessel after angioplasty to keep the vessel open – were sold in 18 of the 25 target centres in the UK and continental Europe.

The company's first half operating expenses fell 15 per cent to £14.7 million, and BI expects to save more money during the second half through a number of non-manufacturing redundancies.

BI had cash reserves of £4.6 million on June 30, not including the recent placing and open offer of £18.3 million.

Glaxo UK losing PI struggle

Parallel imports remain a problem for Glaxo Wellcome's UK sales, which fell 3 per cent to £235 million for the six months to June.

GW's lack of progress in the UK is taking its toll. Last year the UK was GW's largest European market – during the first half of this year it slipped to second position behind France, whose sales rose 10 per cent to £235 million. The UK was the only European market in which GW failed to increase its sales.

The outlook does not look good because the European Commission has objected to GW's dual pricing scheme in Spain, which priced pharmaceuticals destined for export at UK levels, while those catering for the Spanish market are far cheaper.

And the UK Government is sending conflicting messages about its parallel import plans. The Department of Health told *C&D* it had not made an offer to cut parallel imports – despite health secretary Frank Dobson's speech in the spring – and said there was no link between the new Pharmaceutical Price Regulation Scheme and combating parallel imports.

However, Sir Richard Sykes, GW's chairman, said it had received "cast iron assurances" that the Government was looking at the problems of parallel imports.

Robert Ingram, GW's chief executive, added: "We'll work with the UK Government to put in place whatever means are possible to combat parallel imports."

Investors, meanwhile, were shocked by Sir Richard's admission that GW was unlikely to achieve double digit growth by the end of the year, as it had promised. GW's shares fell 199p to 1,553p, wiping £7bn off the company's value.

Sir Richard said there was no point in any GW board member resigning – its plan was to build the business. And GW would only be involved in a merger to become the "Microsoft of the pharmaceutical industry".

As *C&D* went to press, the shares had rallied to 1,628p.

GW's turnover rose 6 per cent to £4.1 billion, while its pre-tax profits grew 7 per cent to £1.3 billion. The company was held back by sluggish US sales, which rose only 2 per cent to £1.7 billion.

Sir Richard Sykes, Glaxo Wellcome's chairman

Zyban, its new smoking cessation drug, did not perform as well as GW expected: its sales fell 27 per cent to £38 million.

GW was also affected by weak sales in Asia Pacific, up 2 per cent to £281 million; and in Latin America, where its turnover fell 7 per cent to £193 million. Its European sales grew 8 per cent to £1.4 billion.

Zantac's sales fell 19 per cent to £320 million.

Sir Richard said GW's second half sales would be stronger than the first half, partly because the company was launching five products this year, including Ziagen, an HIV treatment.

The company also has high hopes for Lotronex, a treatment for irritable bowel syndrome, which has been filed in the US and will be filed in Europe early next year.

GW this week received EC approval to market Zeffix, an oral treatment for chronic hepatitis B, in the European Union.

The company could also benefit from wholesalers and pharmacists stocking up for the 'millennium effect', he added, which meant it could still achieve double digit growth by the end of the year.

Robinson acquires Smith & Nephew cotton wool business

Robinson & Sons' healthcare division has acquired Smith & Nephew's (S&N's) UK and Republic of Ireland cotton wool business, and arranged a partial buy out from its parent – the whole deal is worth around £14 million.

A new company called Robinson Healthcare has been formed, funded partly by reinvestment from the Robinson Group and 3i, the venture capital specialist.

Both Robinson & Sons and 3i have become substantial shareholders in Robinson Healthcare.

The new company's portfolio now includes S&N's Tender Touch, Caressa, Lorel, and its own Soft and Pure and Robinson's Baby range. It will also produce woundcare and animal woundcare products. Its turnover, when it was Robinson's healthcare division, was £25.2 million for the year to December 1998.

Garry Gray, formerly managing director of the healthcare division, has been appointed Robinson Healthcare's chief executive.

(Clockwise, from top left) Richard Sanders, director of Ernst & Young, David Whileman, 3i's investment executive, Guy Robinson, Robinson & Sons' group finance director and Garry Gray, Robinson Healthcare's chief executive

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Business link

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TRADE LESS 30%+VAT - 230 Bonefos 800mg tabs (exp 5/01). Tel: 01234 765166.

TRADE LESS 25%+VAT +postage - 2x28 Skelid 200mg tab (exp 12/99). Tel: 0181 894 5034.

ZAF - (4 years old) - complete shop fittings 26x1 metre bays/gondola - inc dispensary and counters. Tel: 0171 736 2174.

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Mike Smith retires from NPA board

Mike Smith has resigned from the board of the National Pharmaceutical Association. Mr Smith had been the NPA board member for the South West region since 1995, and was also an appointee to the Pharmaceutical Services Negotiating Committee.

He resigned "with some regret" because, since the sale of his three community pharmacies in Devon, he is no longer eligible to be on the board. "I have greatly enjoyed working at the NPA and PSNC and value very much the work both organisations do for pharmacy," said Mr Smith. He intends to retain an active interest in pharmacy through his post as a non-executive director of UniChem, and his work at South and West Devon Health Authority.

Mike Smith

Rajesh Patel

The new appointee to the PSNC board is Rajesh Patel. Mr Patel owns pharmacies in Manchester, Newcastle under Lyme and Crewe, and has been an NPA board member since last April. He is a member of Salford and Trafford local pharmaceutical committee and the Manchester Asian Pharmaceutical Association. "Independent pharmacies are under threat from a number of directions and need to be supported by the NPA and PSNC – my job is to do this," said Mr Patel.

Boots shopfitter re-fits Bosnian pharmacy

A shopfitter from Boots head office has helped refurbish a Bosnian pharmacy destroyed in the war.

Gary Dinsdale, of the store planning department in Nottingham, refitted the pharmacy with Boots' recycled and discontinued store fittings. Gary made four trips to the site at Otaka in north-west Bosnia, which was on the front line during the conflict. He was invited to perform the opening ceremony last October. The pharmacy has been transformed and now looks "brand new", according to Gary.

The project was funded by Boots as part of its corporate community investment programme, which received £4.6 million of funding during the last financial year. A recycling project saw £1.7 million of repaired or re-sorted goods donated to 3,500 needy recipients last year.

The Bosnian pharmacy before refurbishing....

And afterwards

Where are all the charitable pharmacists?

We have not yet received enough money to be able to reveal the details of "Hemant's clinch" (see *C&D* July 31, p42). If you have not written the cheque already, you have got one more week or you may never know...

APPOINTMENTS

Debbie Jamieson has succeeded Alison Strath as the National Pharmaceutical Association's co-ordinator for Scotland and Northern Ireland. Sukhjit Grewal has joined the NPA's training department as a pharmacist training officer.

Sir Ian Prosser has been appointed a non-executive director of SmithKline Beecham. Sir Ian is chairman and chief executive of Bass. He was previously on the board of Lloyds TSB. Sir John Browne will resign from the SB board on October 1 due to increased business commitments elsewhere.

Graffiti art promotes anti-drugs message

David Archer has had the outside of his pharmacy decorated for free, while promoting a healthy living message at the same time.

The gable end of Meadowhead Pharmacy in Sheffield has been sprayed with an anti-drugs message by a local graffiti artist. The design tells a story that begins colourfully with a man meeting a drug dealer, and ends darkly in a grave yard.

David had been told that it would cost £1,700 to paint the wall professionally, so he decided to do it himself. After an unsuccessful start to the job, the graffiti artist offered to cover the wall with a healthy living message of David's choice for no charge.

Originally the message was anti-smoking, but when David noticed the number of drug abusers taking an interest in the graffiti, he decided on a more relevant theme. The artwork has generated "quite a lot of interest", and a mixed reaction among customers, said David.

Meadowhead Pharmacy's anti-drugs message

Sun spotting

We have come across a contender for the 'bestest', most user-interactive patient information leaflet of the year. It certainly kept the *C&D* office amused.

In an effort to stop people blinding themselves on August 11 by staring at the brightly lit firmament, *à la* 'Day of the Triffids', Sight Savers International and Boots Opticians have teamed up to produce a guide on how to enjoy the eclipse safely.

Besides emphasising the fact that you should never view the sun directly (which will be ignored by an estimated 200 million people), our fave leaflet has a cut out and keep mobile representing how the sun, moon and earth will line up to plunge swathes of Europe and Asia into darkness for a couple of minutes. The only thing that is missing is the blanket of cloud that will no doubt prevent people experiencing this 'once in a lifetime' event.

But just in case the skies remain blue, there is also a 'pin hole' with which to project the sun's image onto a piece of paper and so view the phenomenon. This was once thought to be a dragon eating the sun, so the masses would bang drums to chase the dragon away. Unfortunately, chasing the dragon has since acquired a less admirable connotation.

Boots Opticians has made a voluntary donation to Sight Savers and will be distributing the leaflet through its stores. Big brother Boots the Chemists thinks this is such a good leaflet it too will be distributing the guide, says Sight Savers International.

Here's one we made earlier: the *C&D* office is brightened with the 'solar eclipse mobile' (didn't Bat Man drive one of those?)

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